

VIP Member



Root Admin

Root Admin

432 posts

35 topics

Year: Fifth

Gender: Male



1. What's this fetal anomaly ?
2. The etiology of prolonged pregnancy in this case is

Answers

1. Anencephaly.

2. Altered estrogen / progesterone ratio

" as no pituitary gland >> no ACTH >> No increase in DHEA >> No increase in E3 >> so no increase in oxytocin receptors >> Post term "



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

VIP Member



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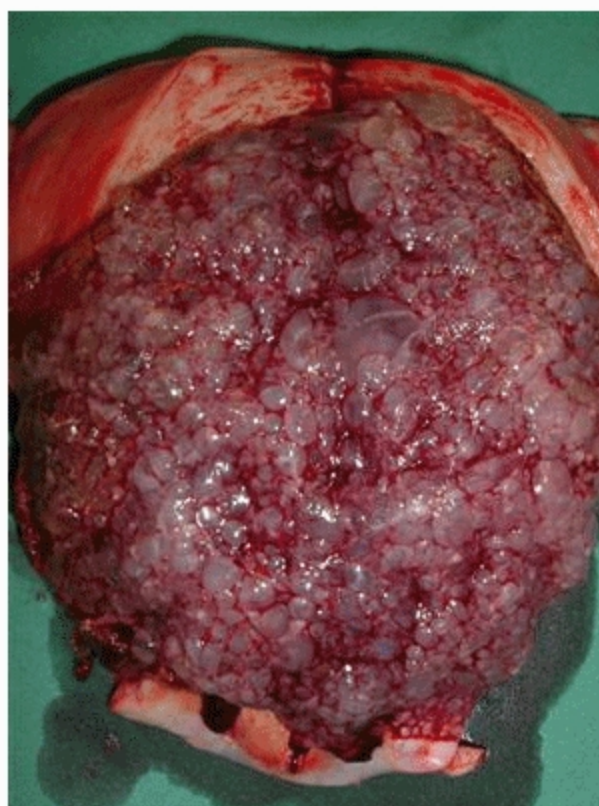
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1. What`s this pathology ?

2. The gold standard in its diagnosis is

3. Enumerate 3 complications associated with this case.

4.What are the indications of hysterectomy in this case ?

Answers

1.Hydatidiform (vesicular) mole with hysterectomy .

2.Ultrasonography .

3.- Hyperemesis gravidarum

- Early onset pregnancy induced hypertension
- Severe bleeding which may be life-threatening
- Risk of developing an invasion mole
- Risk of developing choriocarcinoma

4.-Older multiparous patients desiring sterilization

- Multiparous patients in cases complicated by severe haemorrhage or infection
- Invasive mole causing uterine perforation and severe intraperitoneal haemorrhage.



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(يوسف: الآية 90)

Extraordinary Member



Vice Root Admin

Vice Root

879 posts

76 topics

Year: Fifth

Gender: Female

1-



1- mention its name?

2- mention 4 usages?

answers

1- Cusco's speculum

2- used in

a) Take vaginal swap

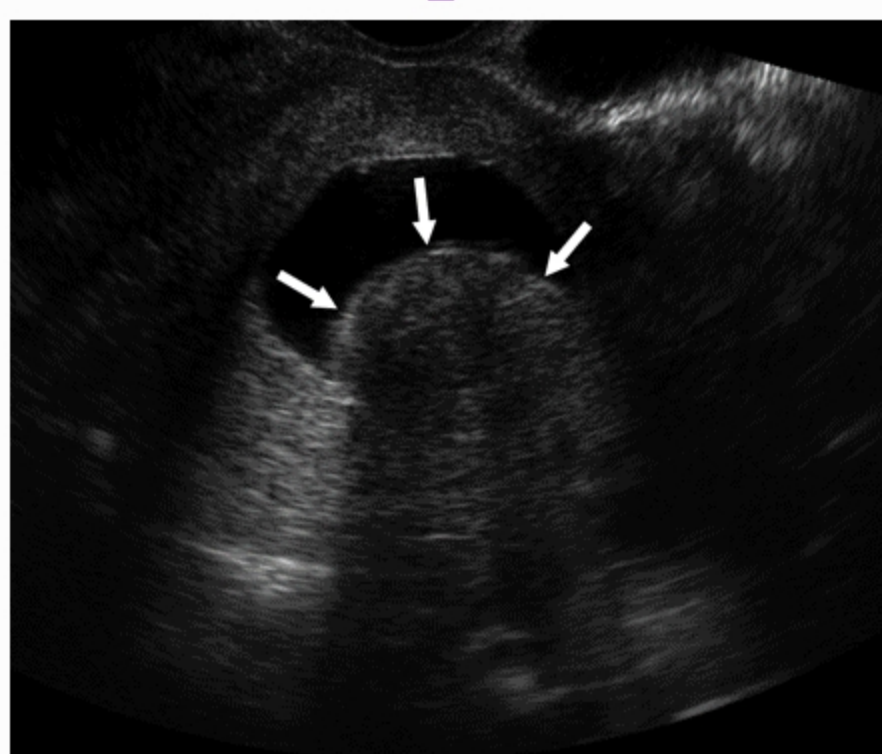
b) examination of vaginal wall

C) insertion of IUD

d) taking cerviocl smear for detection of malignants.

Posted Image

2-



1- what's the diagnosis? the name of this investigation?

2- Mention 4 symptoms in this case?

3- Mention Types of TTT?

Answers

1- S.M Fibroid - saline sono-hysterography.

2- symptoms:-

A) Menorrhagea or metrorrhagea.

B) Pain.

C) Frequent micturition >> due to pressure on U.Bladder

D) RPL

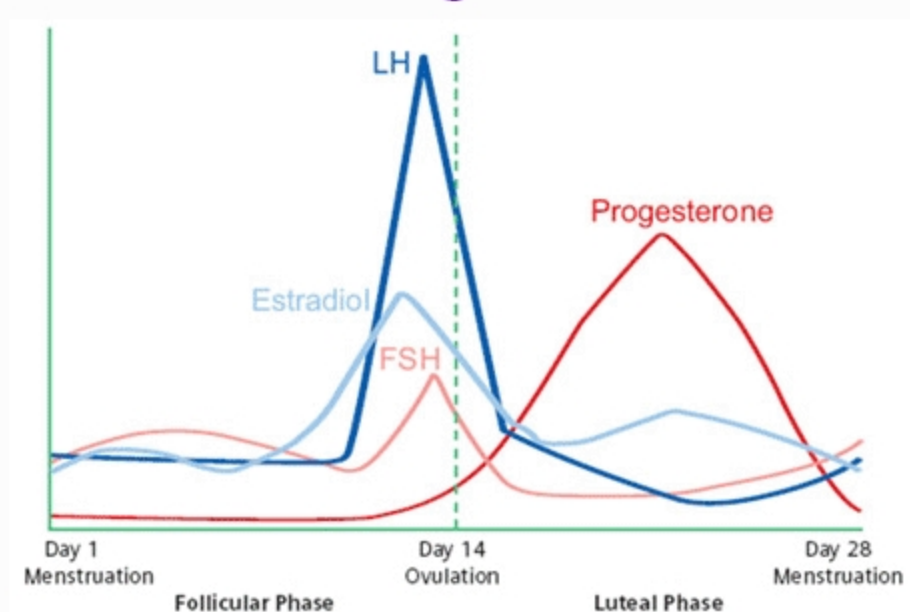
3- TTT

A) Medical >> NSAIDs, Prggestin

B) Surgical >>> myomectomy or hysterectomy

Posted Image

3-



1- cause of L.H surge?

2- mention methods of detection of ovulation?

Answers:-

1- +ve feedback of E2 & Progesterone released from luteinizing granulosa cells.

2-

a) BBT

b) Folliculometry

c) Mid-luteal progesterone level.

d) Urinary LH Kits.

e) premenstrual endometrial biopsy.

Posted Image

4-



1- What's the name of this operation? what's diagnosis?

2- 4 Symptoms of this case.

3- U.S show

Answers

1- Laparoscopic Ovarian Drilling >>> PCOs

2-

- 2ry amenorrhea.

- infertility.

- hirsutism.

- obesity.

3- Necklace appearance





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1.What is this instrument ?

2.What are the indications of its use ?

3.Enumerate 3 contraindications to its use .

4.What are the complications of its use ?

Answers:

1.The vacuum extractor " The ventouse "

- 2. - Rotation & extraction of non rotated occipito anterior position**
- Rotation & extraction of non rotated occipito posterior position

- 3. -Cephalopelvic disproportion**
- Non vertex presentation
-Marked foetal distress

" N.B. : It is not used in emergencies as it needs a longer period of application (20-30 minutes) than the forceps "

- 4.- Fetal birth injuries " cephalohaematoma , scalp lacerations , cerebral haemorrhage "**
- Maternal birth injuries " Vaginal and perineal lacerations , cervical lacerations & rarely rupture of uterus "



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(يوسف: الآية 90)

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1.What is this procedure ?

2. What is the presentation of the baby ?

3.Enumerate the complications of this procedure

Answers

1. Forceps " Delivery of the aftercoming head "

2.Breech presentation

3. -Maternal complications " Maternal birth injuries , Postpartum haemorrhage "

-Fetal complications " Intracranial haemorrhage , Head and skull injuries "



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(يوسف: الآية 90)

Awesome Member



Moderators

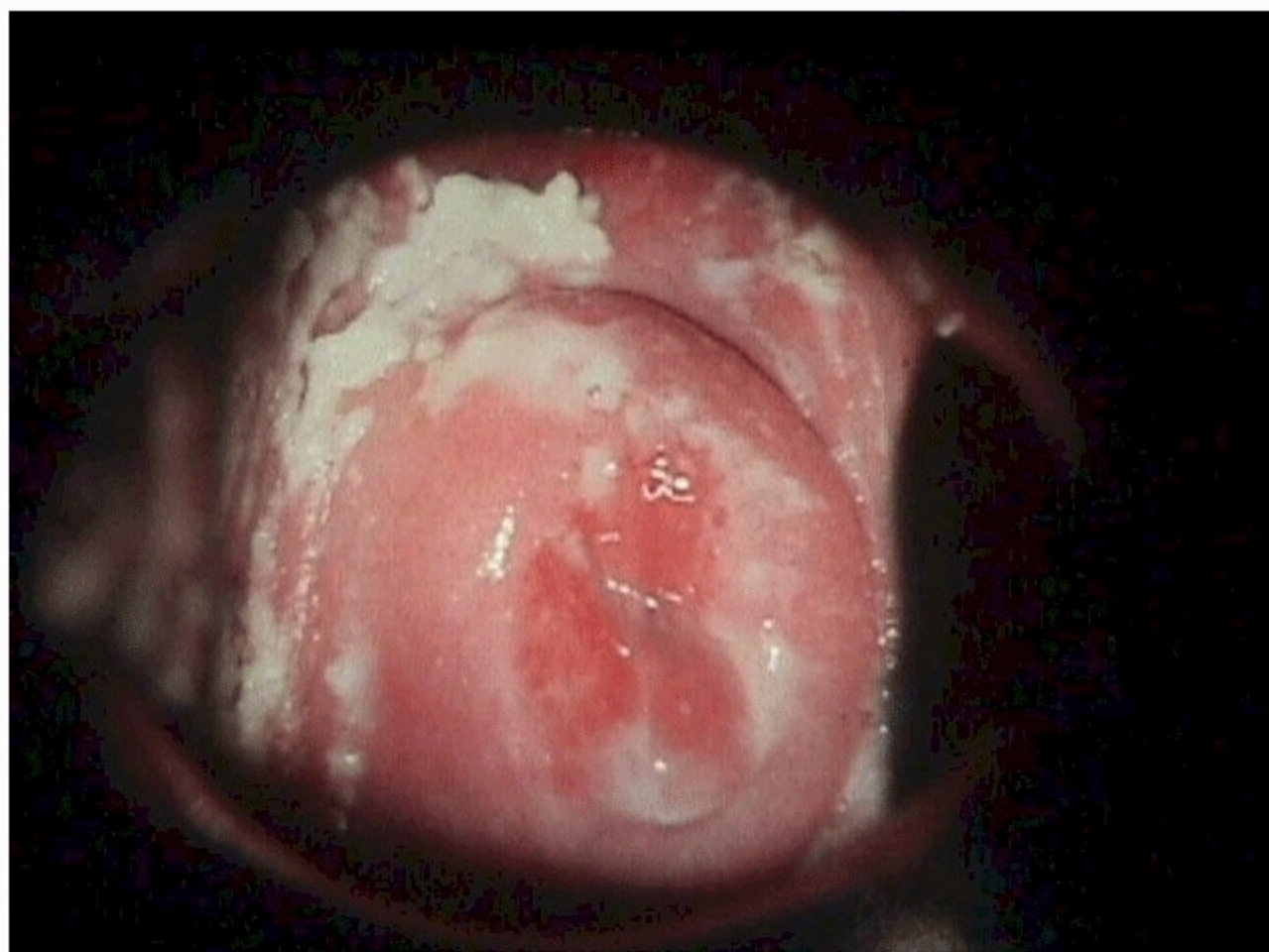
Moderator

154 posts

10 topics

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- 1-This sign is called
- 2-It is caused by and
- 3-This organism favours medium
- 4-The main symptom in this patient is
- 5-Causes of recurrence after treatment include , and

Answers

- 1-Cottage cheese discharge
- 2-Candida albicans (80%) and non albicans strains (Candida tropicalis and Torulopsis glabrata)
- 3-Acidic
- 4- Intense pruritis and itching
- 5- Infection with non albicans strain, sexual transmission from male partner and immuno suppression



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1. Identify these instruments .

2. Compare between both of them .

3. What are the indications of these instruments ?

4. What are the complications of these instruments ?

Answers

1. Single ended Fenton`s dilator " above " & single ended Hegar`s dilator " below ".

2. The single ended Fenton`s dilator has a gradually increasing diameter along its length " Tapering end " while The single ended Hegar`s dilator has a uniform diameter all through its length

**3. -ttt of spasmodic dysmenorrhea
-cervical stenosis
- drainage of haematometra, pyometra
- before operation " manchester "**

4. complications :-

Neurogenic shock

perforation


Infection

cervical laceration.



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(يوسف: الآية 90)

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- 1.What is this instrument ?
- 2.What are its uses ?
- 3.Why it has 2 ends with 2 different sizes?
- 4.What is the the indication of being grooved ?
- 5.Name the position of application and mention the benefits of this position.

Answers :

- 1.Sims speculum (retractor)
- 2.-For visualization of anterior vaginal wall for diagnosis of vesico-vaginal fistula
- Used as posterior vaginal wall retractor

-Used during surgical repair of fistula
- 3.To be used according to the capacity of the vagina
- "The small end for small vaginae

& the large one for large vaginae"
- 4.For drainage of any discharge or urine
- & to allow air entry.
- 5.Sims position ; for upward displacement of intestine creating -ve pressure intraabdominally causing vaginal insufflation and hence better exposure



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Extraordinary Member

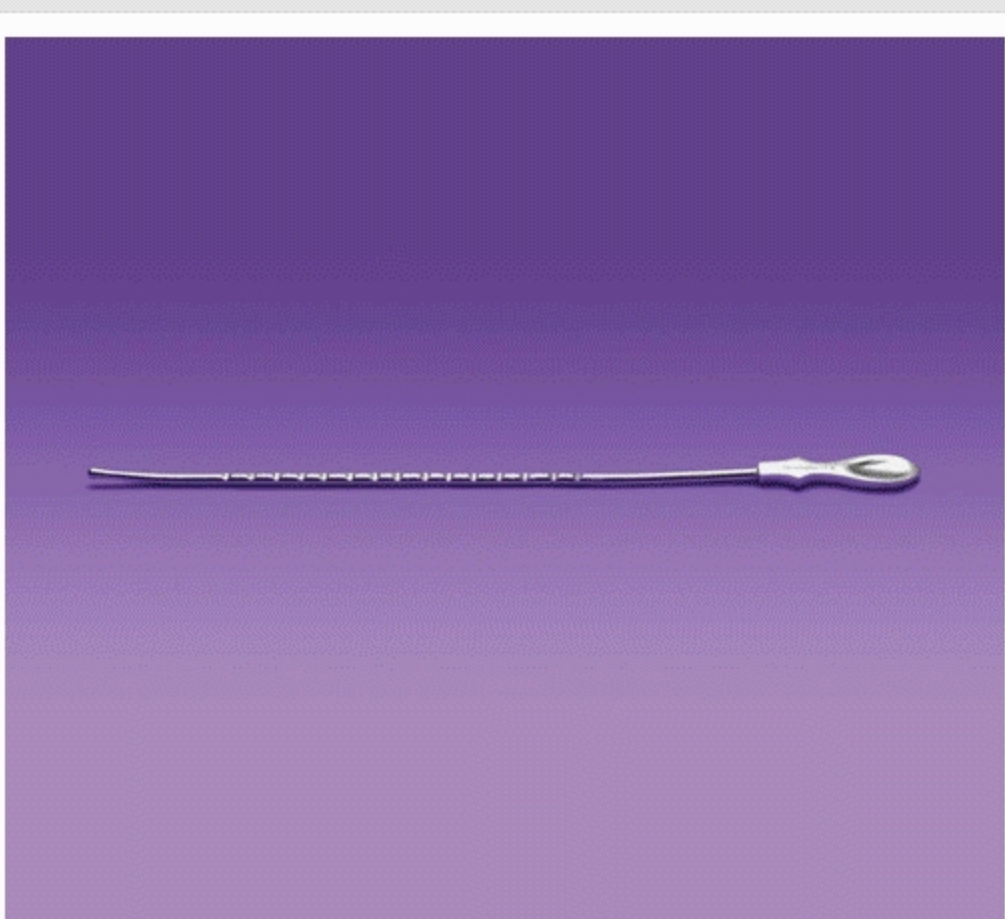


Vice Root Admin

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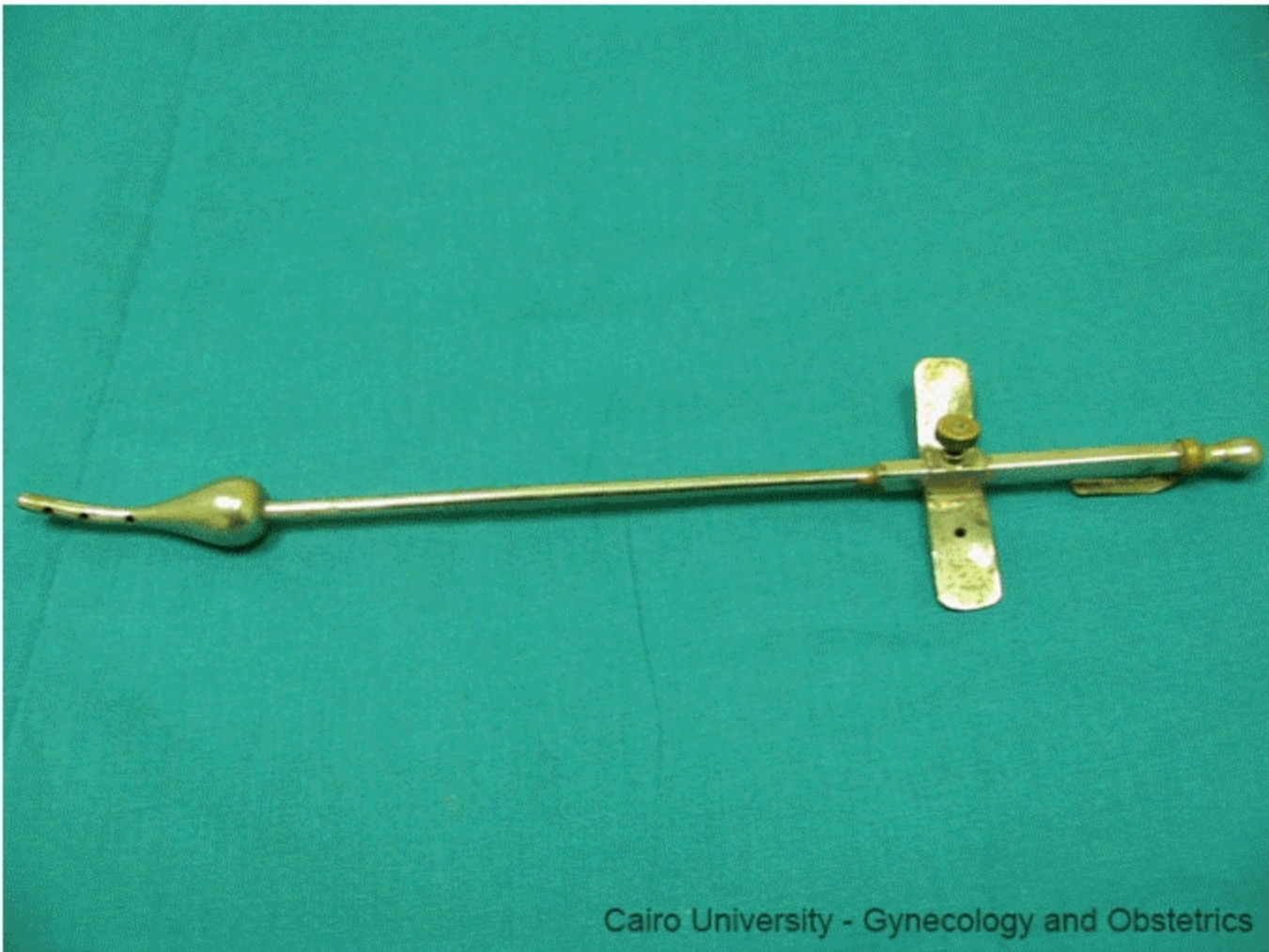
Year: Fifth
Gender: Female



- 1- identify this
- 2- mention 4 uses

answers:-

- 1- Uterine Sound.
- 2-
 - diagnosis for cervical stenosis
 - measure the length of the uterus before doing cervical dilatation.
 - detection of direction & position of the uterus in retroversion
 - measure the length of cervix to diagnose supra=vaginal elongation in case of uterine prolapse

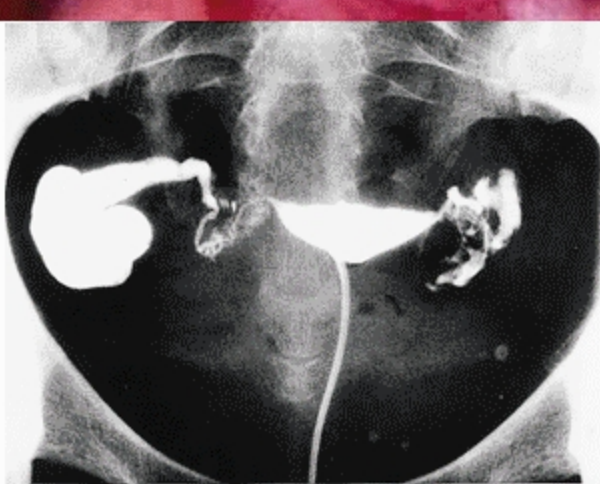
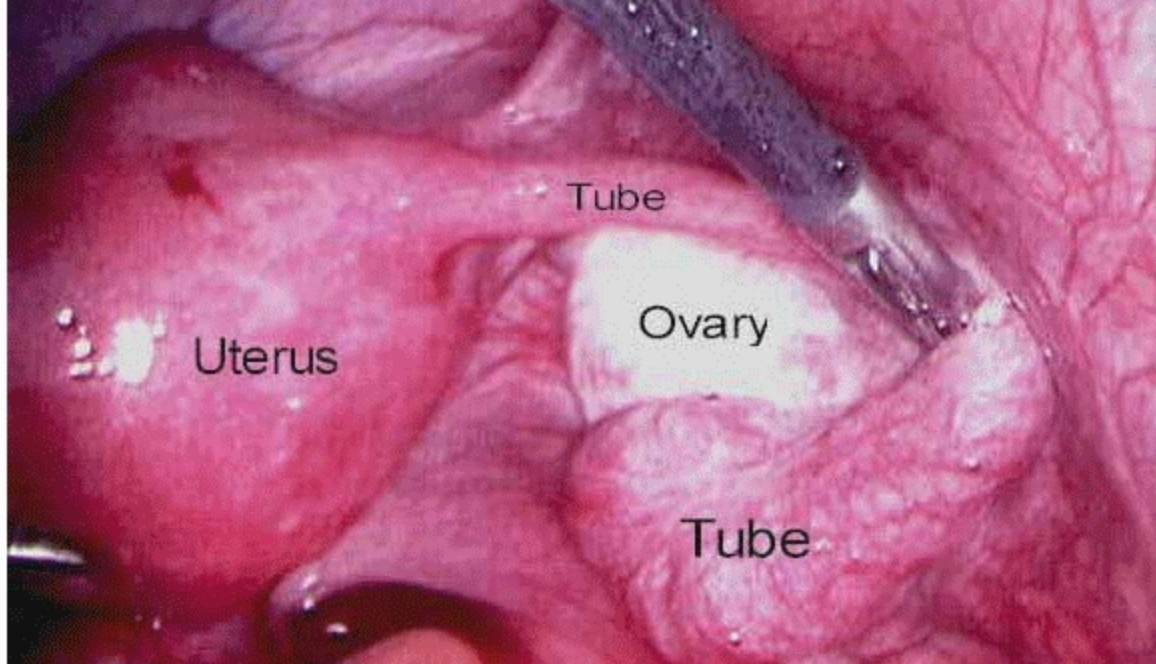


Cairo University - Gynecology and Obstetrics

- 1- identify this
- 2- mention its uses

Answers

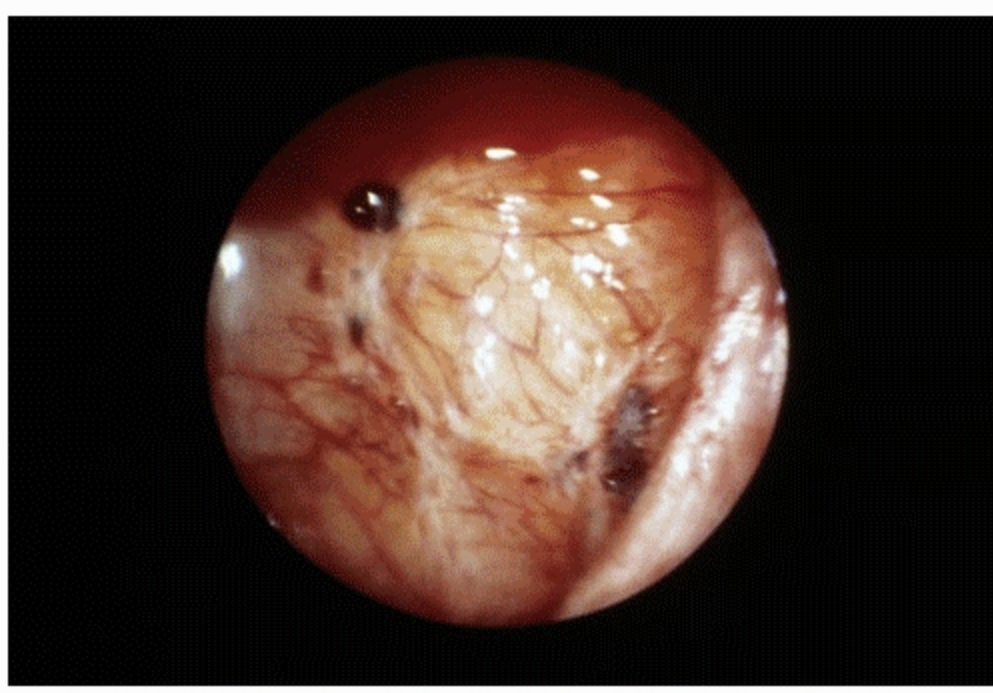
- 1- Cannula for hysterosalpingography
- 2- HSG used in
 - examination of tubal & uterine factors of infertility
 - detection uterine anomalies
 - detection of submucous fibroid
 - diagnosis of T.B endometritis & salpingitis.



- 1- what's the diagnosis?
- 2- mention 2 symptoms of this case?
- 3- name the two techniques & mention a complication for each.

Answers:-

- 1- Hydrosalpinx.
- 2-
 - Chronic pelvic pain
 - 2ry dysmenorrhea
- 3-
 - right:- HSG
 - oil embolism
 - left :- Laparoscopy
 - Surgically >>> Co2 embolism
 - injury to (vessels, intestine or U. bladder)

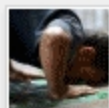


- 1- what's the diagnosis?
- 2- mention 2 symptoms?

Answers:-

- 1- Endometriosis (powder burn appearance + surrounding adhesion)
- 2-
 - Dysmenorrhea "crescendo Fashion"
 - Infertility.





Gyna & Obst slides revision

Started by Dr. Islam, Dec 23 2011 04:49 PM

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[prev](#)

Page 2 of 5

[1](#)
[2](#)
[3](#)
[4](#)
[next](#)
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● **Dr. Islam**

Posted 26 December 2011 - 03:13 PM

#11

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1.what is this instrument ?

2. Mention its use.

Answer :

1. Doyen's Retractor

2.It is used in lower segment cesarean section to expose the lower segment and protect the bladder .

**" applied before uterine incision
, removed during fetal delivery to avoid head trauma
then re-applied during suturing of uterine incision "**



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(يوسف: الآية 90)

VIP Member



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1. Identify these instruments.
2. They are used for

Answers:

.....

1. Pinard fetal stethoscope

2. hearing :

- **FHS at 24 w. gestation**
- **uterine and umbilical souffle**
- **Intestinal sounds**
- **transmitted aortic pulse.**



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(يوسف: الآية 90)

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1. Identify this instrument .

2. Mention its use .

3. Why it has no lock ?

Answers:

1. Ovum forceps

2. Used for surgical evacuation of abortion .

3. No lock to avoid myometrial injury as you open & remove many times



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

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1. Identify this instrument .

2. Why it is serrated and what is the indication of its lock ?

3. Mention its uses .

Answers

1. Ring forceps.

2. It is serrated to allow a good grasp and its lock to allow fixation in its site .

3. It is used to grasp the pregnant cervix and apply traction on it in operations as:

-Vaginal evacuation

-Cerclage operation

-Repair of cervical laceration " two ring forceps are used to (walk around) the cervix to determine the site of laceration and to visualize it apex "

It is also used to grasp infundibulopelvic ligament during myomectomy.



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

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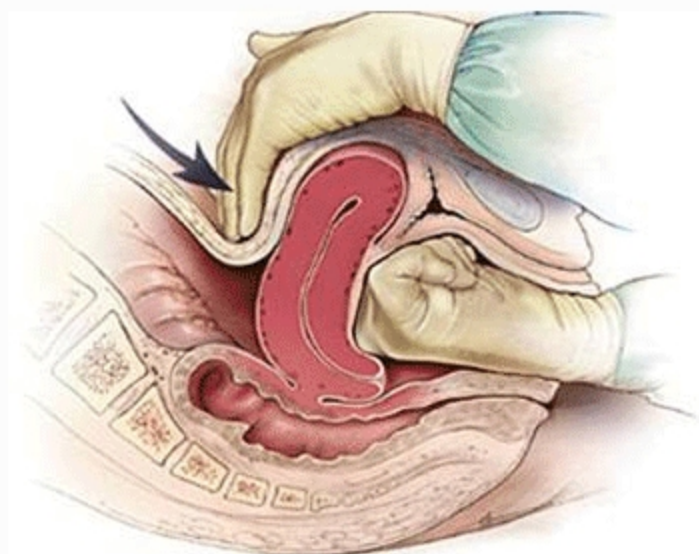
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1.What is this procedure ?

2.It is used for

3.What are the other lines of treatment if it failed ?

Answers:

1.Bimanual compression.

2.controlling severe postpartum hemorrhage due to uterine atony " This may be life saving until a laparotomy is performed ".

3.If bleeding persists a laparotomy is mandatory :

- Subtotal hysterectomy is the standard procedure if bleeding is uncontrollable.

-Internal iliac artery ligation may be attempted if the patient`s general condition allows in an attempt to preserve the uterus if the patient is young and desirous of further fertility .



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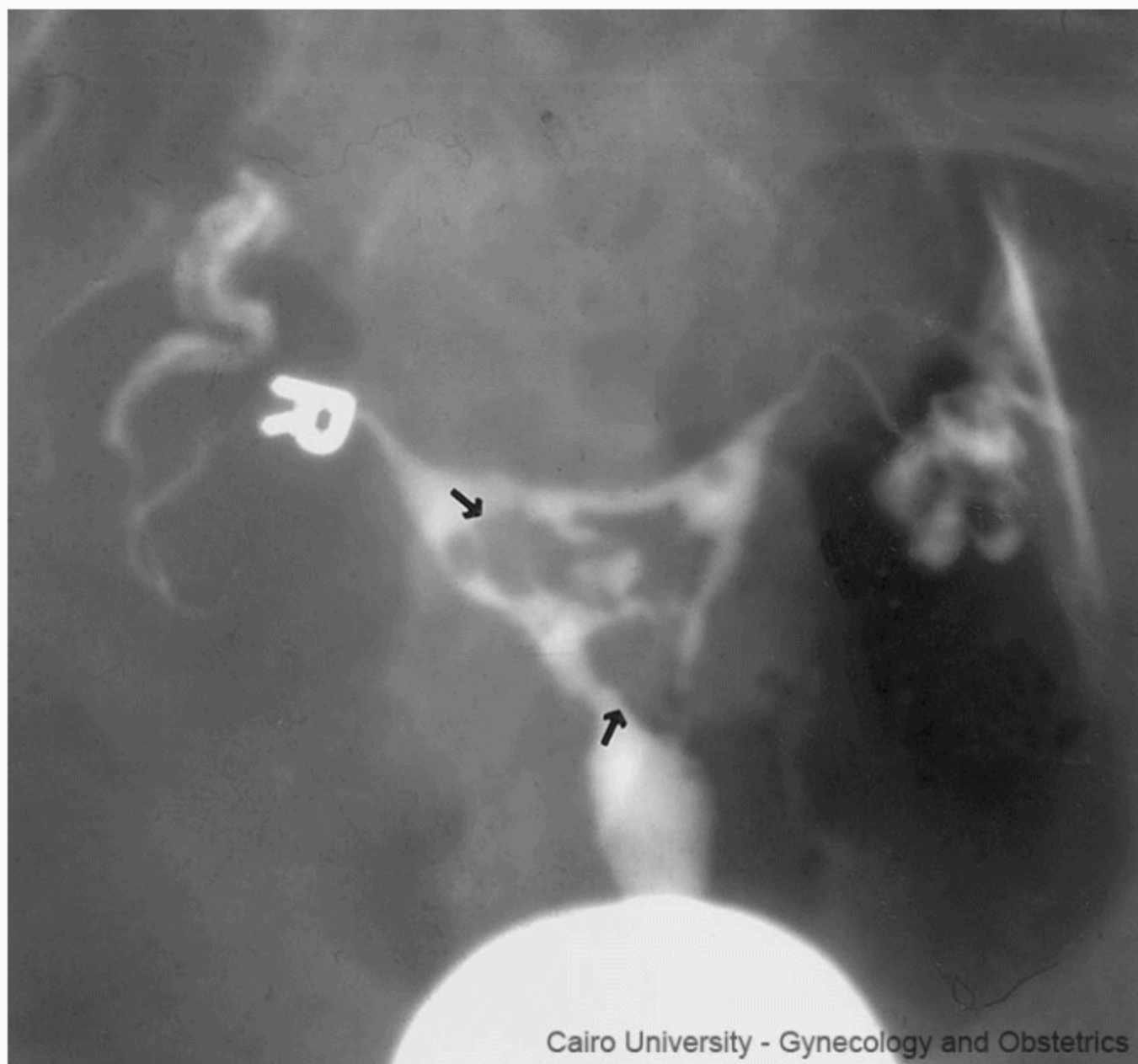
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1.What is your diagnosis ?

2.Mention another investigation that can confirm your diagnosis .

3.What is the treatment of this case ?

Answers:

1.HSG showing filling defects (intrauterine adhesions "Asherman`s syndrome")

2.Hysteroscopy

3. - cutting adhesion via hysteroscopy or D&C procedues

- prevention of recurrence by IUD

- followed by cyclic combined estrogen and gestagen to help endometria regeneration and restore menses.



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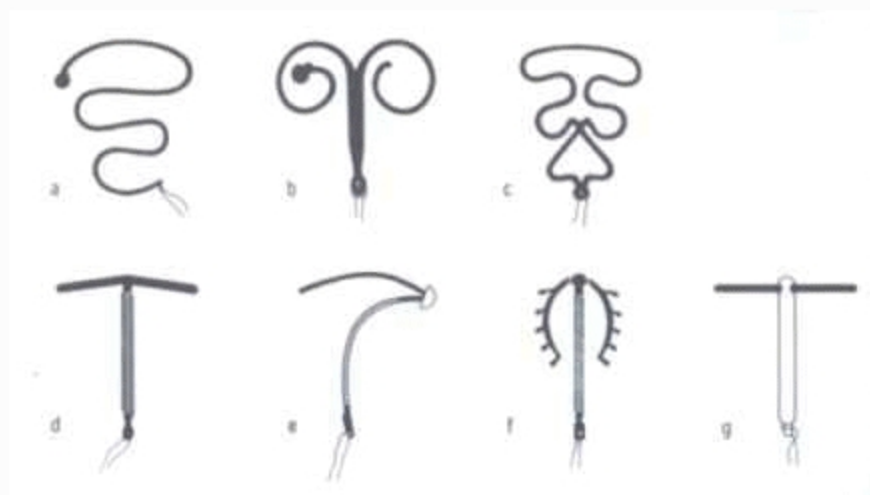
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1. Identify these devices.

2. What are the modes of action ?

3. What are the advantages of their use ?

4. What are their contraindications ?

5. Enumerate their complications

Answers:

1. Different types of IUDs.

2.- Local foreign body inflammatory responses

- Interfere with sperm motility
- Interfere with implantation (via increased local PG production)
- Copper : Inhibits carbonic anhydrase and alkaline phosphatase activity & exerts a toxic effect on sperms inhibiting its motility
- Progesterone : induces atrophic endometrial changes

3.- Single choice method with a long term protection (6-8 years)

- Available
- Reliable , with very low failure rate
- Doesn't affect lactation ,future fertility ,sexual intercourse

4.- Pregnancy

- Uterine anomalies or Uterine cavity pathology
- Undiagnosed vaginal bleeding
- History of ectopic pregnancy
- History of Pelvic inflammatory diseases

5.-Vaginal bleeding

- pelvic infection
- Pelvic pain
- perforation
- Expulsion

-Pregnancy on IUD

" N.B. : IUD prevents Intrauterine but not extrauterine pregnancy "



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- 1.What is this procedure ?
- 2.Mention its indications .
- 3.Mention its complications.

Answers:

1.ICSI

2. (Female factor after failed previous trials of IVF)

Severe tubal damage

Extensive tubo-peritoneal adhesins

Failed tuboplasty procedures

(Severe Male factor)

-Severe oligospermia (decreased sperm concentration)

-Severe asthenospermia (decreased sperm motility)

-Abnormal sperm morphology (teratospermia)

-Congenital bilateral absence of the vas deferens

- Abnormal sperm penetration

3.- Allergic reations to ovulation induction agents

- OHSS "Ovarian hyperstimulation syndrome"with its complications

- Trauma due to oocyte retrieval.

- Pelvic infections

- Complication of ART pregnancies



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1.What`s your diagnosis ?

2.what are the symptoms of this case?

3.Mention its complications.

4.what is the treatment ?

Answers:

1.Imperforate hymen .**2.-Delayed Menarche****-Cyclic pain****- Late cases may present with difficulty in micturation
then retention in premenstrual period****-Abdominal mass****3.Haematocolpos >> Haematometra >> Haematosalpinx >> Peritonal
adhesions.****4.Surgically under anesthesia with complete aseptic precautions and
antibiotics , cruciate incision is made dividing the imperforate hymen and
edges are excised****then the retained fluid are allowed to escape slowly****" without pressure to avoid escape of blood through tube "****" إِنَّهُ مَنْ يَتَّقْ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "****(يوسف: الآية 90)**

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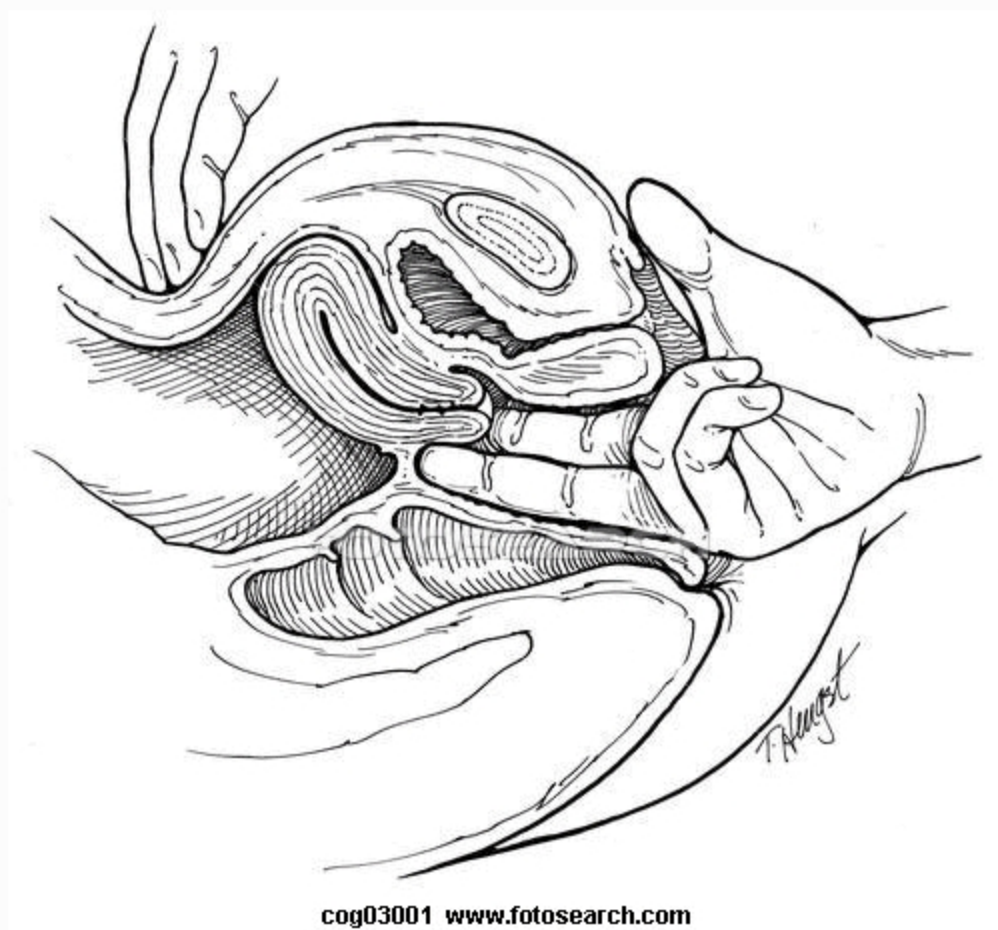
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cog03001 www.fotosearch.com

1.What is this procedure ?**2.What are its uses ?****3.How we use it to differentiate between anteverted and retroverted uterus?****Answers:**

1.Bimanual Examination**2.Points determined by BM examination :-**

- Uterine size**
- Uterine shape**
- Uterine position**
- Uterine mobility**
- Tenderness on pressure or on movement**
- Palpation of Adnexae**

3.In AVF uterus, the Cervical external os is directed towards the posterior fornix while in RVF directed towards the anterior fornix**" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "****(يوسف: الآية 90)**

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- 1.What `re these skin lines ?
- 2.What`s the etiology of these lines ?
- 3.They are converted after delivery into
- 4.Mention another 2 skin abnormalities .

Answers:

- 1.Striae gravidarum " stretch marks".
- 2.Because of rupture of the subcutaneous elastic fibers as a result of stretch of the abdominal wall during pregnancy .
- 3.Striae albicans " due to fibrosis ".
- 4.- Linea nigra
- Chloasma gravidarum
- Loss of hair



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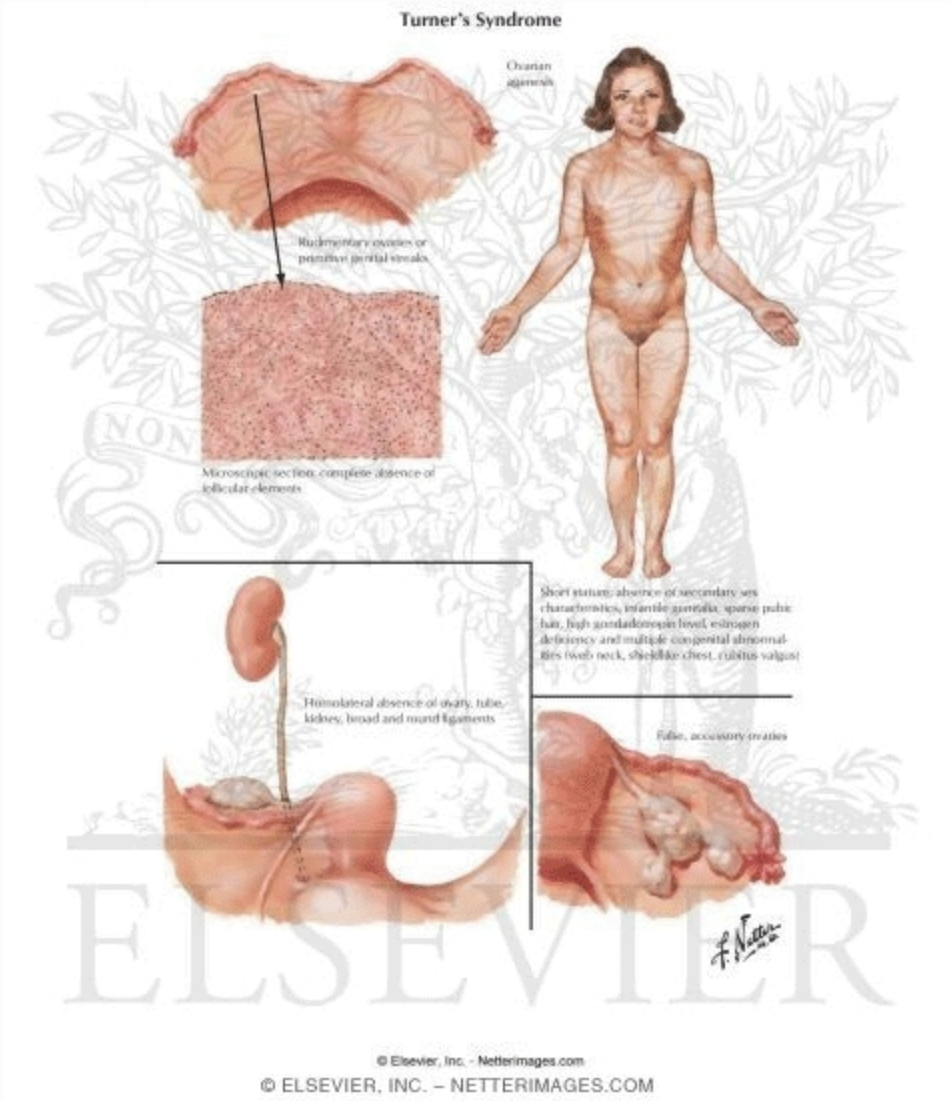
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- 1.What are the neck and limb abnormalities you expect to find?
- 2.What is the chromosomal pattern
- 3.What are the problems of 2ry sexual characters?

Answers:

1.- Webbing of the neck

- Cubitus valgus " increased carrying angle at the elbow "in upper limb

2.45-XO

3.Widely spaced nipples



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1. Identify this .

2. What is the value of the test shown?

3. What is the cause of the ulcers?

4. What are urinary complications in this case?

Answers:

1. Uterine prolapse (may be 3rd degree)

2. Used to differentiate between 2nd and 3rd degrees of prolapse

" If the 2 fingers can be approximated together above the uterine fundus then the whole uterus is completely protrudes outside the introitus diagnosing complete procidentia "

3. As a result of congestion and circulatory changes rather than friction with thighs
(Decubitus ulcer) .

4. In uterine prolapse, the lower ends of the ureters become constricted in the ureteric canals at the sides of the uterus

- Frequency of micturation

- Stress urinary incontinence

- Inability to complete micturation unless the ant. vaginal wall is reduced upwards and supported by the patient fingers .



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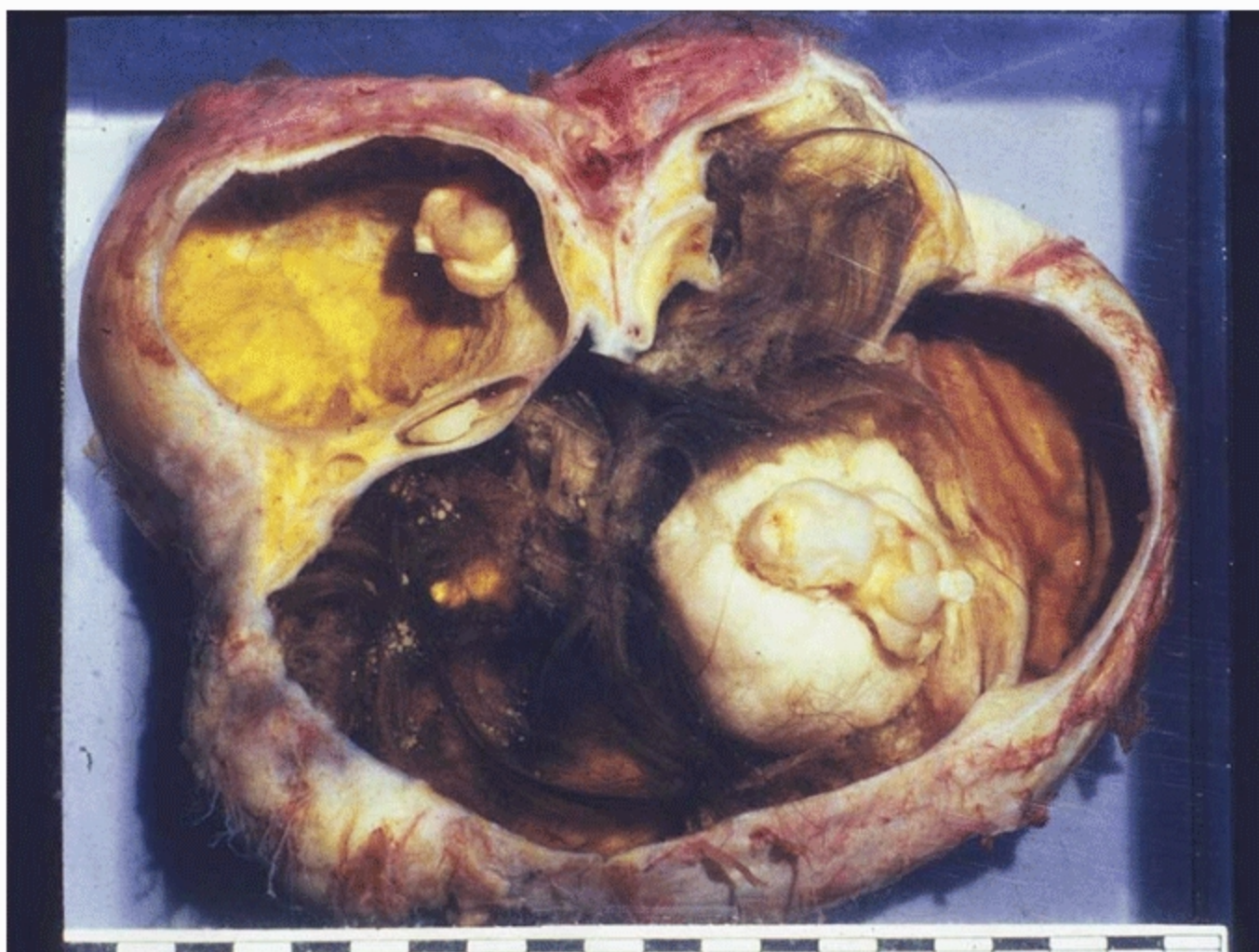
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1. Identify this ovarian cyst?

2-what are the contents?

3-mention two symptoms ?

4-mention two complications ?

Answers:

1. Dermoid cyst " BCT = Benign Cystic Teratoma ".

2. Ectoderm: Skin, hair ,teeth ,sebaceous & sweat glands

" most predominant tissue "

Mesoderm: bone, cartilage, muscles

Endoderm: thyroid, bronchus, intestinal tissue

3. Mainly asymptomatic

-Abdominal swelling if large

-Lower abdominal pain that may be acute or chronic

-Pressure symptoms

-Menstrual disorders

4.- Torsion

- Rupture

- Infection



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

VIP Member



Root Admin

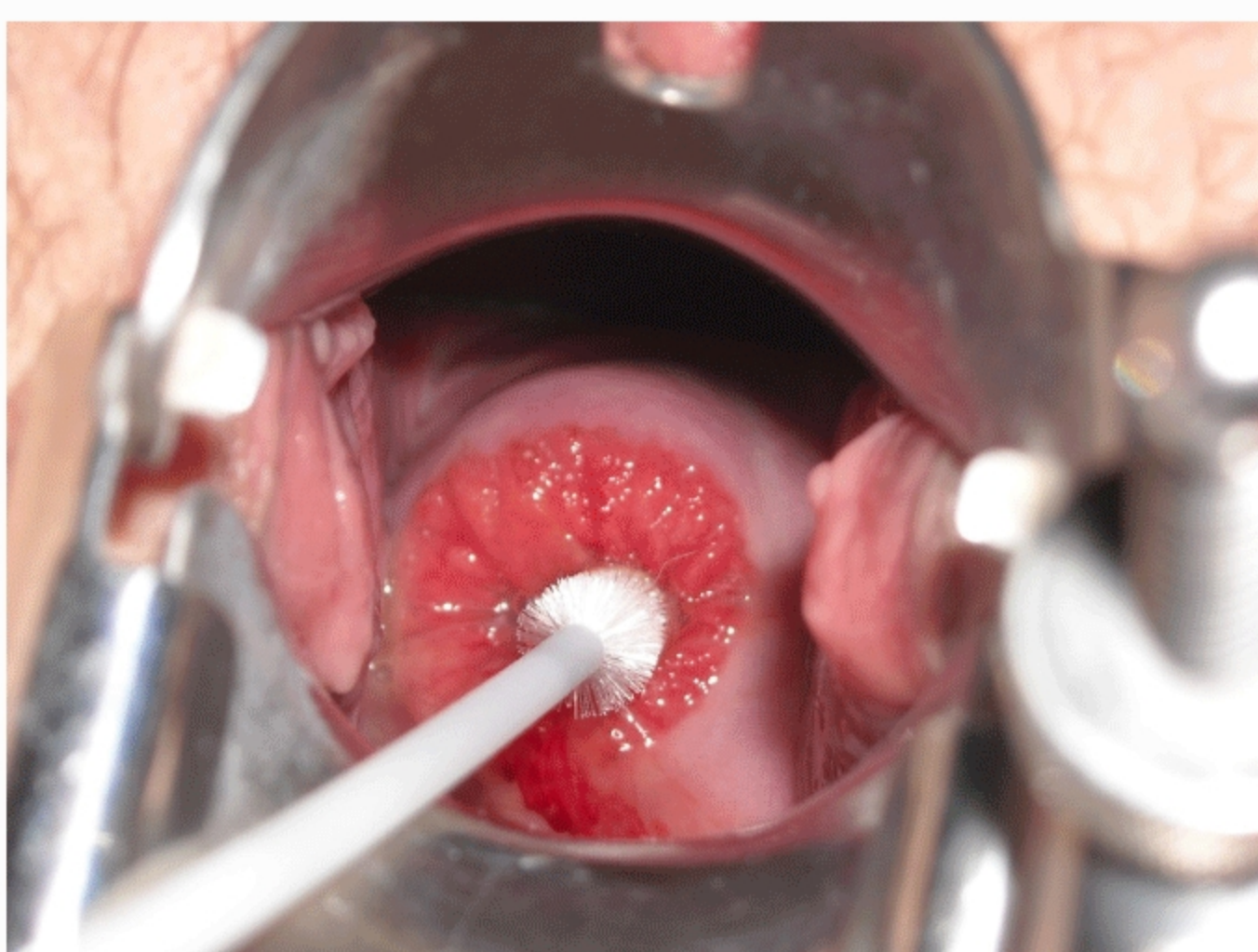
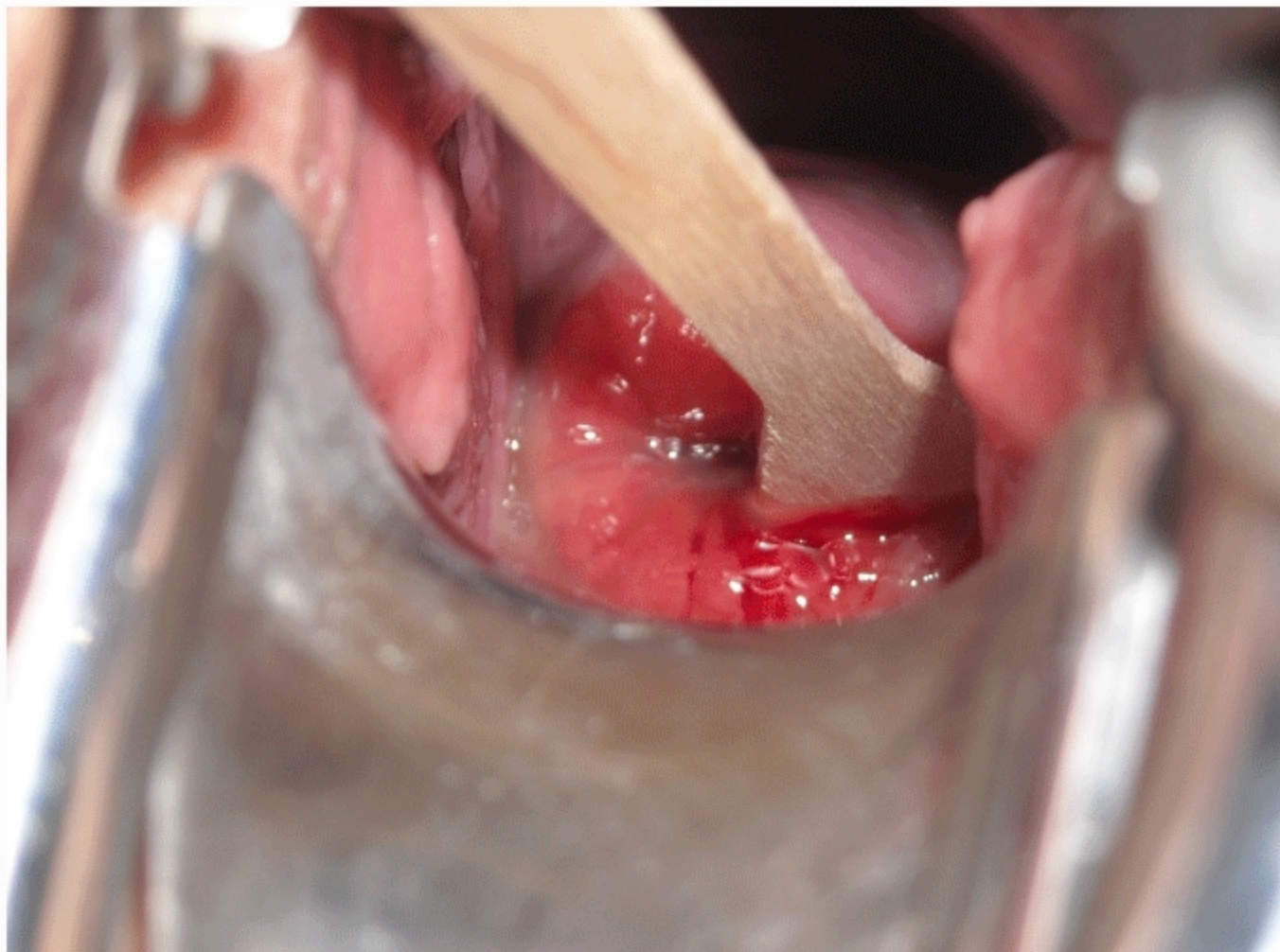
Root Admin

432 posts

35 topics

Year: Fifth

Gender: Male



1.What is the procedure?

2.What is its value?

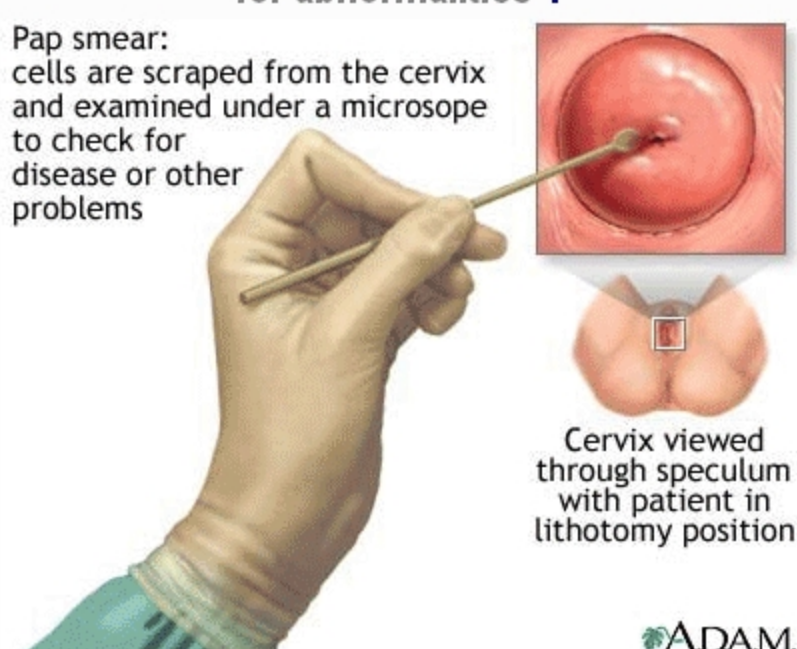
3.What are the abnormal findings and management ?

Answers:

1.Pap smear

" In the top photo, you can see the metal speculum used to open this woman's vagina and the wooden Aylesbury spatula used to collect a sample of the cells from the endocervix. The spatula gently scrapes the area around the os in a circular motion to gather cells.

The bottom photo is of an endocervical brush being swiped in the os of the cervix. The cells gathered on the brush and spatula will be wiped/smeared on a glass slide and examined in a laboratory or under a microscope to look for abnormalities".



2.Early detection of cancer cervix " Regular screening for the asymptomatic high risk patients , with colposcopy and colposcopic directed biopsies performed to cases with abnormal Pap smears"

3.Low grade lesions :

- conservative :anti-inflammatory and follow-up
- Ablation therapy

High grade lesions :

- Conization and follow up in young
- LEEP
- Hystrectomy in old patients



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

VIP Member



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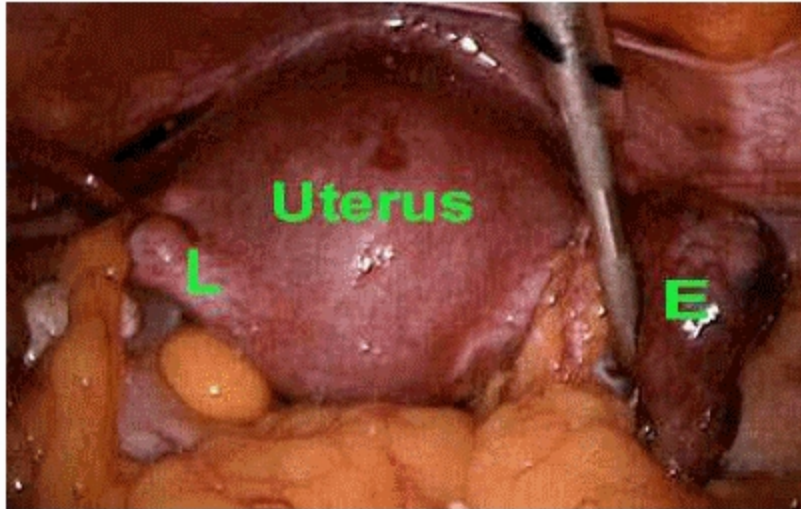
Root Admin

432 posts

35 topics

Year: Fifth

Gender: Male



1.What`s your diagnosis?

2.What `re the complications of this case?

Answers:

1.Right tubal Ectopic pregnancy at laparoscopy surgery.

2.-Haematosalpinx

-Peritubal or Paratubal Haematoma

-Pelvic Haematocele

-Diffuse intraperitoneal Hge

-2ry Peritoneal pregnancy

-Broad Ligament Haematoma

-Shock

Other slides

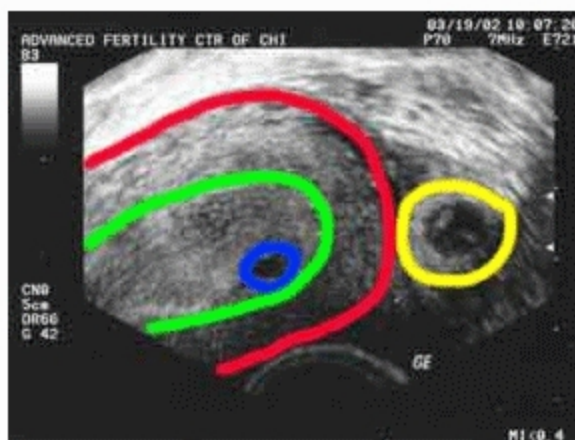


Salpingectomy with ectopic pregnancy removed from the tube

Posted Image

A ruptured tubal ectopic pregnancy

" Note the twin fetuses at the lower right adjacent to the blood clot at the left "



Ultrasound images of ectopic pregnancies

" Uterus outlined red , uterine lining green & Tubal ectopic pregnancy yellow"

(Fluid in uterus at blue circle is a "pseudosac" looks like early pregnancy sac, but is not)



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

VIP Member



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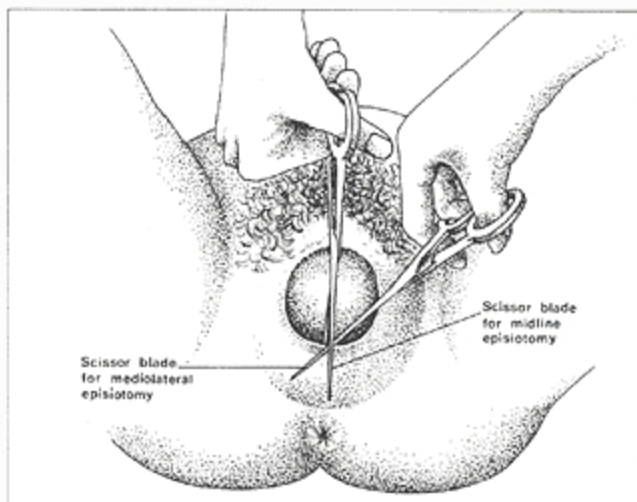
Root Admin

432 posts

35 topics

Year: Fifth

Gender: Male



1.What is this procedure ?

2.What `re its types?

3.What is the timing of this procedure ?

4.What`re the advantages of this procedure?

5.What`re the complications of this procedure?

Answers:

1.Episiotomy .

2.Median & Mediolateral .

3.-When the head is visible during a contraction to a diameter of 3-4 cm " just before crowning "

-Before traction by forceps of vaccum extractor .

- Too early episiotomy >> causes bleeding from the gaping to be considered .

- Too late episiotomy >> is useless.

4.-Clean cut incision which is easy to repair compared to irregular vaginal lacerations .

-Shorter 2nd stage of labour .

-Reduce intracranial hge in preterm labour by reducing compression-decompression effect .

-Reduce damage to maternal pelvic floor .

5.-Increased blood loss

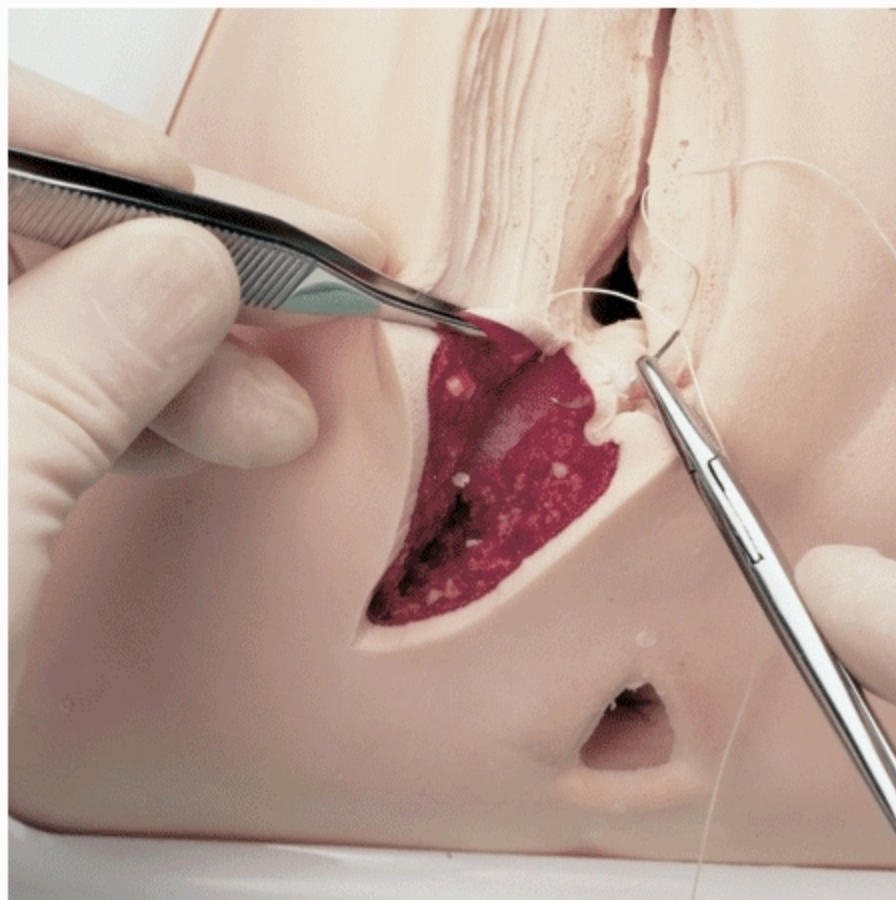
-Extension to anal sphincter (median type) or ischio-rectal fossa (mediolateral type)

-Haematoma formation

-Infection

-Perineal pain , dyspareunia and ugly scar .

Mediolateral type



Median type



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

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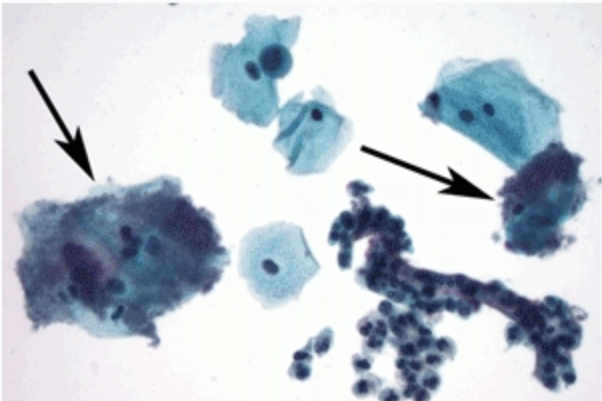


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432 posts
35 topics

Year: Fifth
Gender: Male



1. Identify these cells .
2. What is the most common causative organism ?
3. What are the symptoms of this disease?

Answers:

1. Clue cells in bacterial vaginosis seen on microscopic examination.
" Vaginal epithelial cells heavily coated with bacteria obscuring its borders "

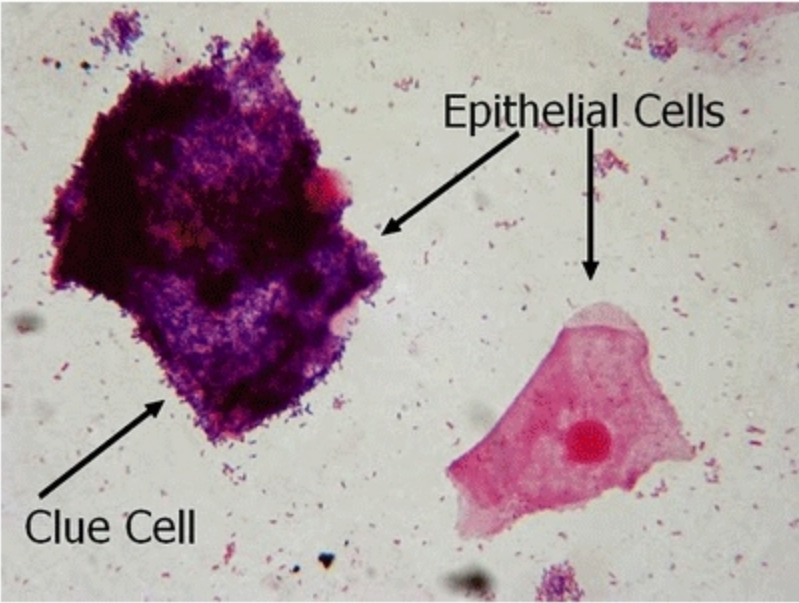
2. Gardnerella vaginalis " gram variable bacilli "

3. -50% are asymptomatic
-Vaginal discharge: profuse , non irritant , malodorous , may be yellowish or white in color with characteristic fishy amine smell around the time of menses or following sexual intercourse .

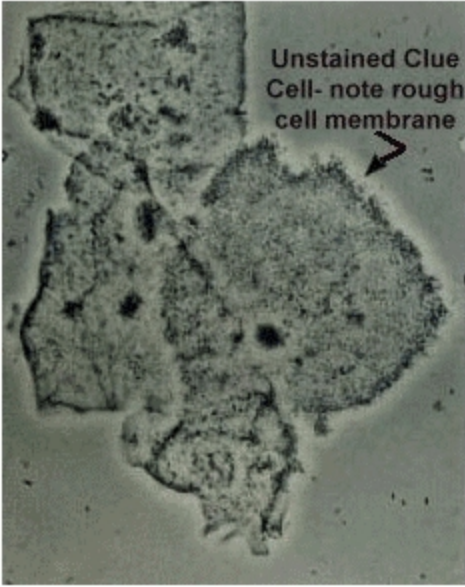
Other slides

Clue Cell in vaginal swab gram stains

" Two epithelial cells are seen however the one on the left is 'coated' with gram variable bacilli (*Gardnerella vaginalis*) making the cell appear purplish ".



Unstained clue cell



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)



Gyna & Obst slides revision

Started by Dr. Islam, Dec 23 2011 04:49 PM

0

40 replies to this topic

● **Dr. Islam**

Posted 07 January 2012 - 11:15 PM

#31

VIP Member



Root Admin

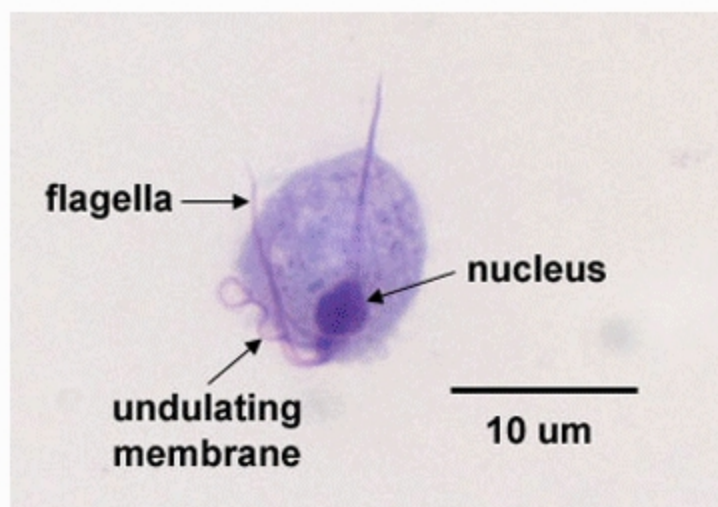
Root Admin

432 posts

35 topics

Year: Fifth

Gender: Male



1.What is that organism?

2.What is the mode of transmission ?

3.What are the symptoms of the disease it causes ?

4.What is the treatment?

Answers:

1.Trichomonas Vaginalis

" an ovoid , motile & flagellated protozoon "
causes Trichomonas vaginalis vaginitis .

2.(70%) of cases are sexually transmitted

3.- 25-50% are asymptomatic

- Vaginal discharge " copious , yellow or green , frothy & offensive "

- Pruritus" vulval irritation "

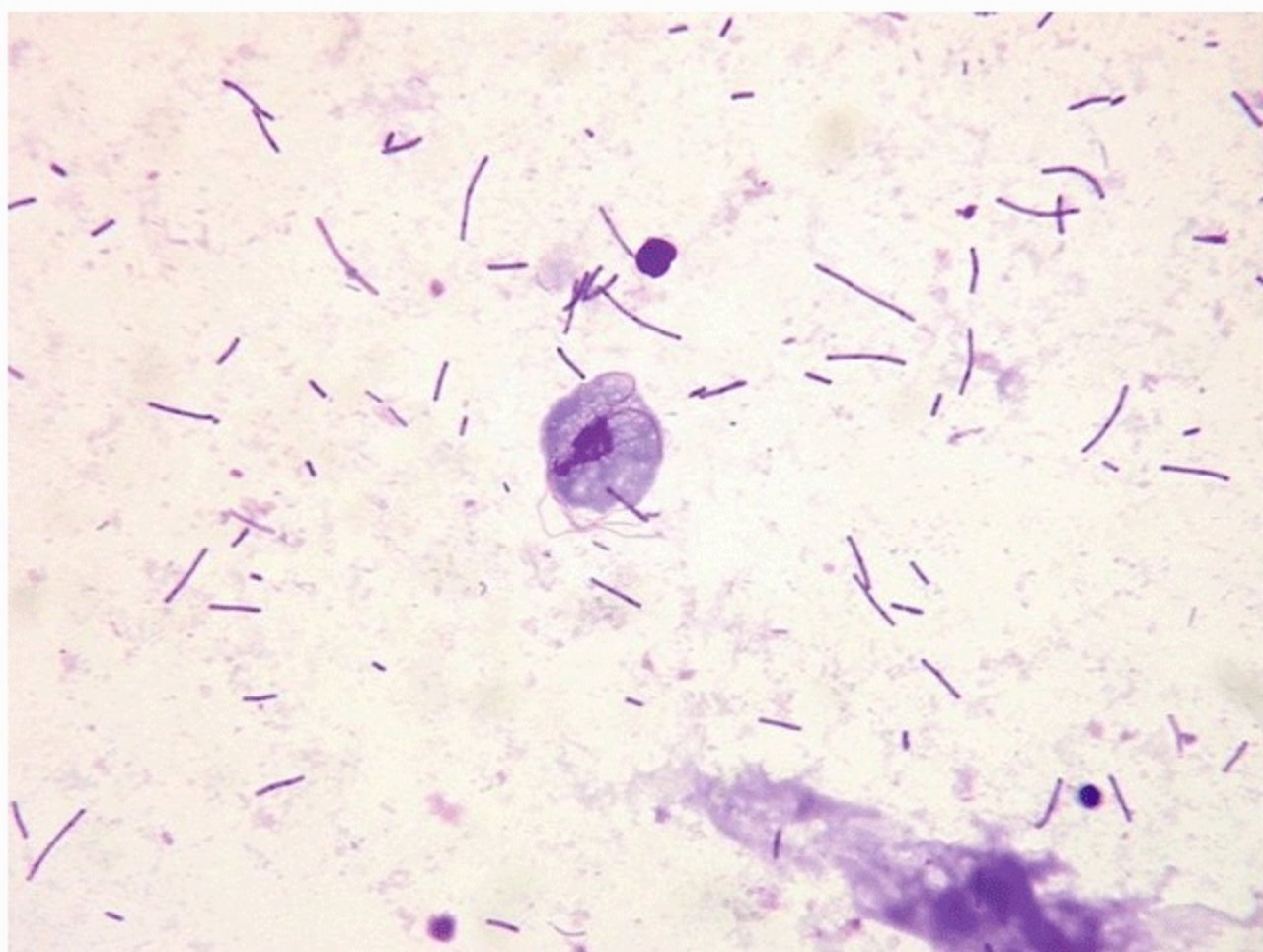
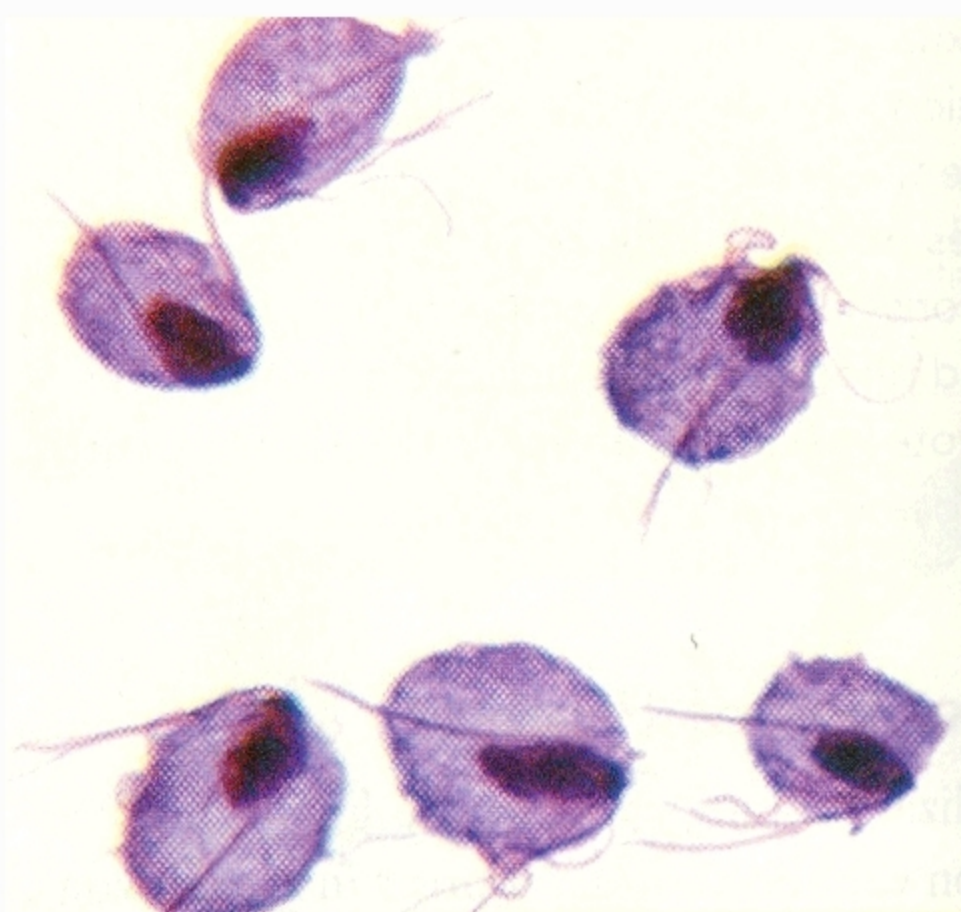
-Dysparunia

4.Metronidazole ,Tinedazole or Clotrimazole

-The husband should be treated at the same time

- Recurrent and resistant infection necessitate screening for STDs

Another slides



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

Extraordinary Member



Vice Root Admin

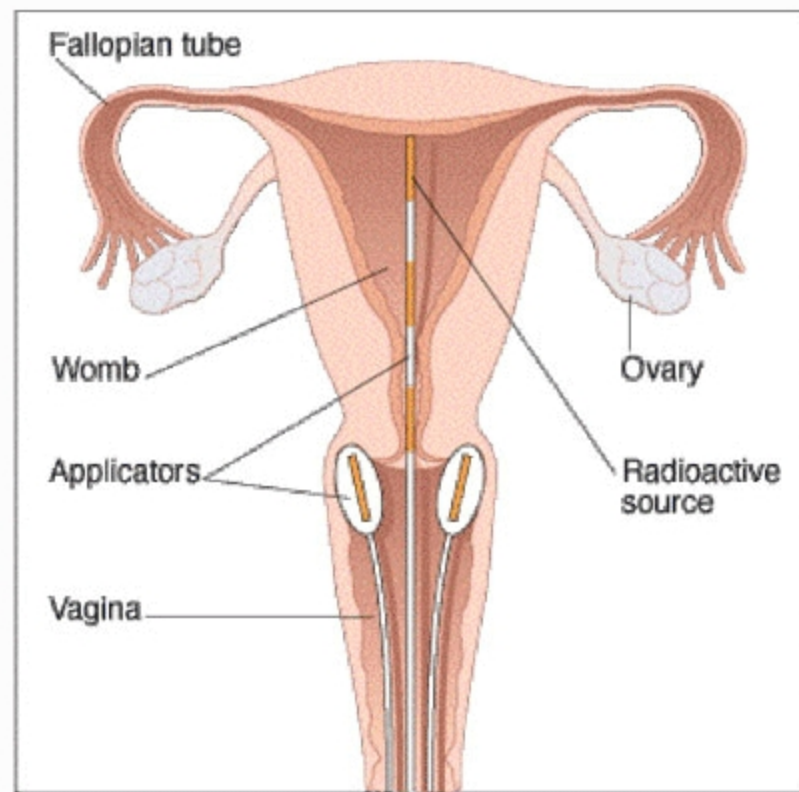
Vice Root

879 posts

76 topics

Year: Fifth

Gender: Female



1-name the technique.

2- mention indications

3- mention possible complications

1- Intracavitary Radiotherapy.

2-

Endometrial carcinoma

Cervical Carcinoma

3-

Vaginal fibrosis & stenosis

Radiation induced menopause



VIP Member



Root Admin

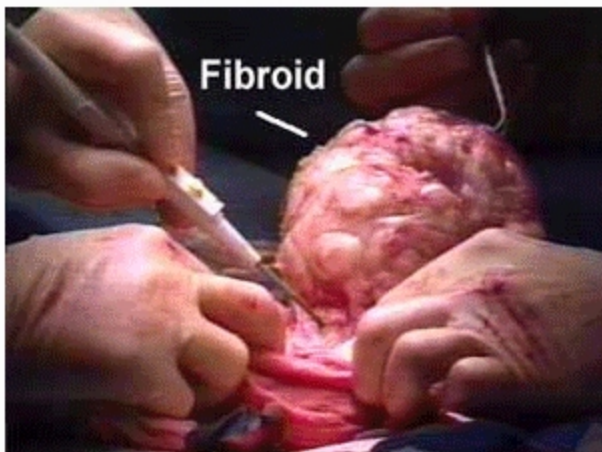
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432 posts

35 topics

Year: Fifth

Gender: Male



1. Identify this surgical procedure .
2. Mention its contraindications .
3. What are its complications ?

Answers:

1. Abdominal myomectomy .

2. - During pregnancy >> intractable bleeding due to increased vascularity with high risk for abortion
(except in acute emergencies >> e.g. torsion in a pedunculated SSM)
- After menopause
- Suspicion of sarcomatous changes.
- Multiple large myomata

3. (Immediate complications)

- Excessive blood loss during operation
- Increased incidence of postoperative low grade fever , anemia , pain and ileus

(Delayed complications)

- Persistent symptoms
- Recurrence
- Postoperative pelvic & peritubal adhesions
- Rupture uterine scar during labor or rarely during pregnancy

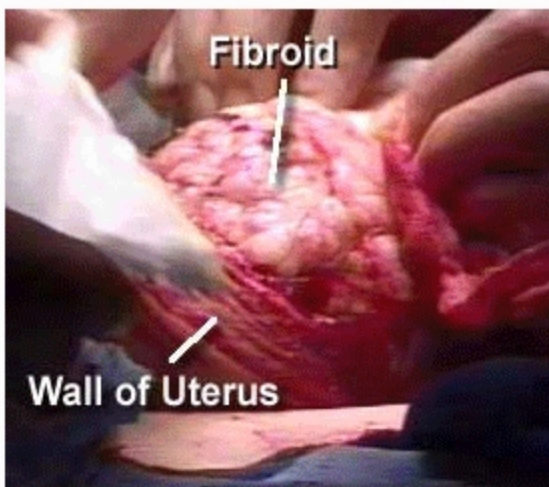
Myomectomy in steps :



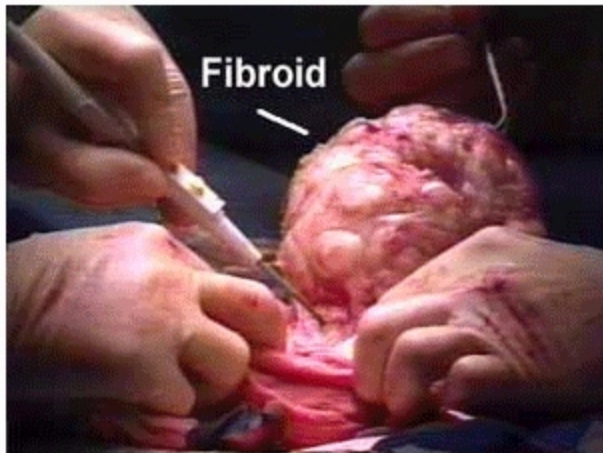
Here is the abdomen before surgery. The uterus is the size of a 5 month pregnancy. It can be seen to protrude up to the belly button.



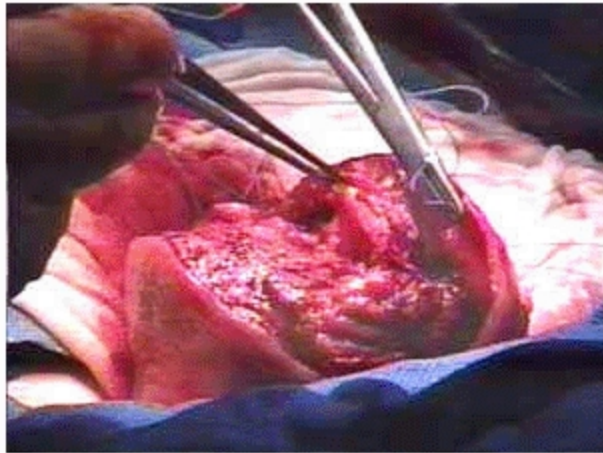
The uterus, which, is greatly enlarged by the fibroid, is lifted through the incision. A laser is being used to make an incision into the uterus so the fibroid can be removed.



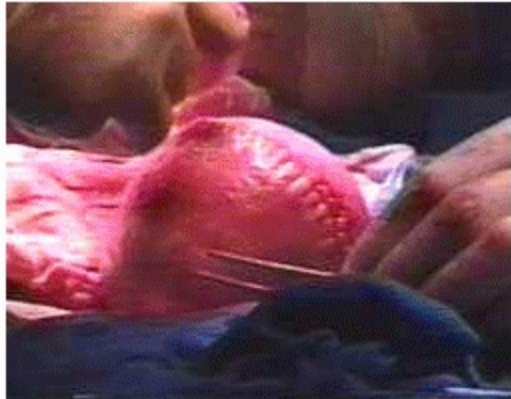
The fibroid is being separated from the wall of the uterus (*myometrium*). It is very important to do this in the exact location between the fibroid and the myometrium in order to prevent excess bleeding.



This shows the fibroid almost completely free from the uterus. It is attached only at the base. The blood vessels at the base are being sealed with an electrosurgical device.



The uterus is being reconstructed by suturing the walls together with dissolving suture. This is being done in multiple layers to ensure a precise repair.



The last layer of sutures is placed, and the uterus is completely restored. A barrier to prevent adhesions will be placed before the uterus is replaced into the abdomen and the abdomen closed.



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

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432 posts

35 topics

Year: Fifth

Gender: Male

The patient complained of Galactorrhea , infrequent periods and infertility .



- 1.Which hormone assay would help in making a diagnosis ?
- 2.If the hormone level was elevated , what other investigations should be done ?
- 3.If an abnormality was found , what medical treatment might be indicated ?
4. If an abnormality was found , what surgical treatment is occasionally required ?

Answers:

1.Serum prolactin

(normal level in non pregnant females is 2.9-29 ng/ml)

- "but normal value ranges may vary slightly among different laboratories"
 - " elevation would indicate a possible pitutary tumor " macroadenoma"
- (Patients with pituitary tumours have very high levels , typically more than 100 ng/ml) " .

2.An X-ray of the pitutary fossa and possibly Ct scan and MRI .

3.- Bromocriptine (Parlodel)

- Lisuride hydrogen maleate
- Cabergoline

4.Removal or ablation of pitutary tumor

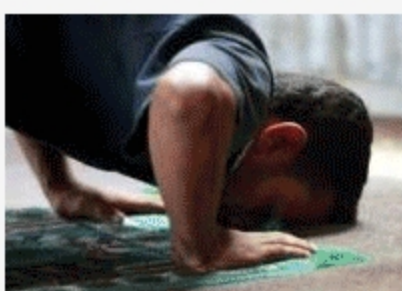
" Trans-sphenoidal surgery or Gamma- knife techniques are reserved to cases with failure of response to medical treatment , or larger tumors with CNS pressure symptoms ".



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

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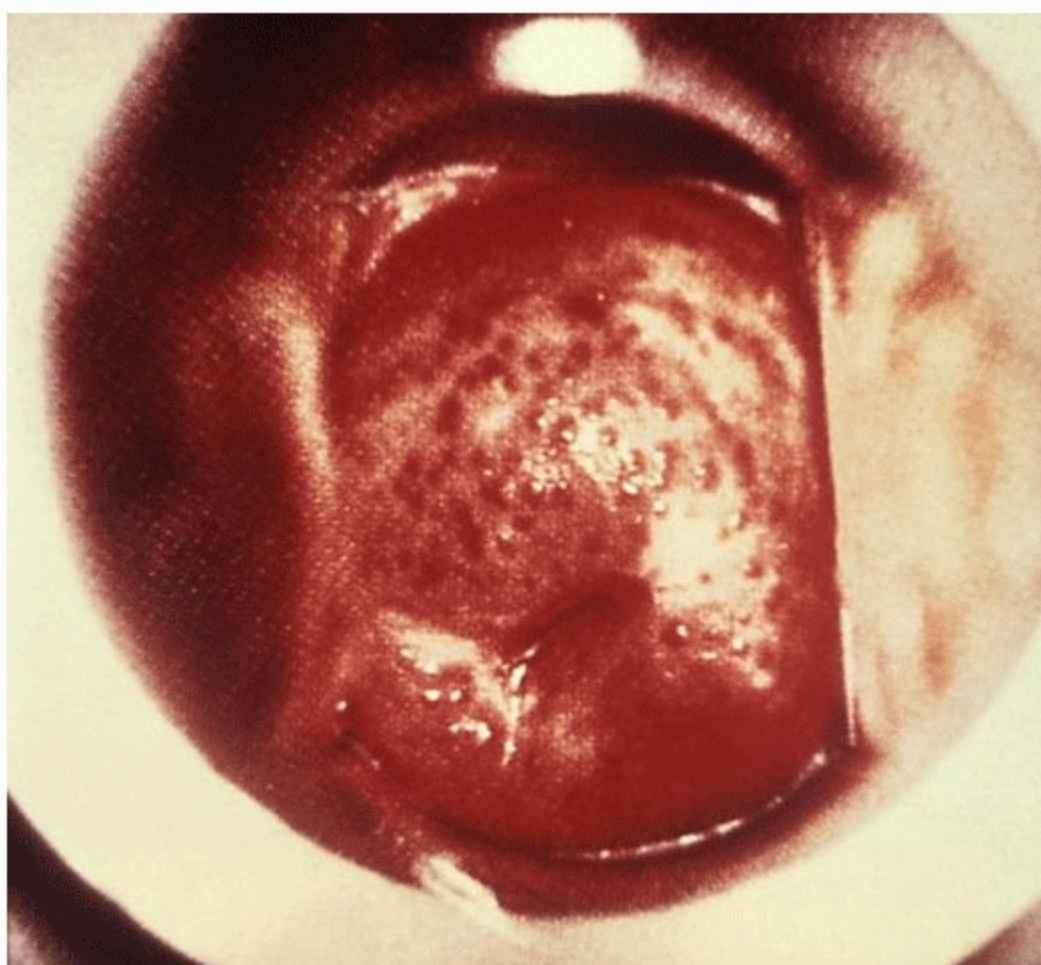
**Root Admin****Root Admin**

432 posts

35 topics

Year: Fifth

Gender: Male



- 1.What name is given to a cervix with this appearance ?
- 2.What infective organism is usually responsible ?
- 3.What are the morphological features of the responsible organism ?
- 4.What is the treatment of choice ?

Answers:

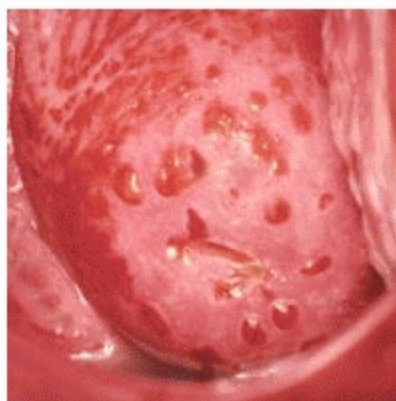
1.Strawberry cervix .

2.Trichomonas vaginalis .

3.A unicellular organism with four flagellae and an undulating membrane .

4.Metronidazole " the patient partner should be treated also ".

Another slides



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

VIP Member



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432 posts

35 topics

Year: Fifth

Gender: Male



1.What`s your diagnosis ?

2.What are the investigations that should be done ?

3.What`s the treatment ?

Answers:

1.Hirsutism " Excessive growth of androgen dependent sexual hair "

2. Hormonal assay :

- Plasma testosterone level (normal = 0.2-0.8 ng/ml)

- Free testosterone level (normal = 1-3 % of total testosterone)

- DHEAS (normal = 1500-2500 ng/ml)

Radiological investigations :

-CT or MRI on pituitary gland

-IVP and abdominal US for adrenal tumor

-Pelvic US for PCO and virilizing tumors .

3.-Elimination of specific causes

-Hair removal techniques

--Suppression of androgen synthesis

" OCPs , corticosteroids , Spironolactone , Cyproterone acetate "

-Androgen receptor blocker

" Cimetidine "



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

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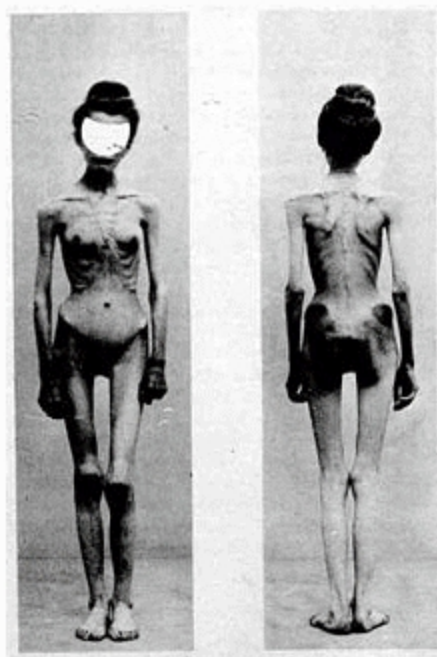
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432 posts

35 topics

Year: Fifth

Gender: Male



A 18 years old female complaining of 2ry amenorrhea and develops severe loss of weight

1.What is the most likely diagnosis?

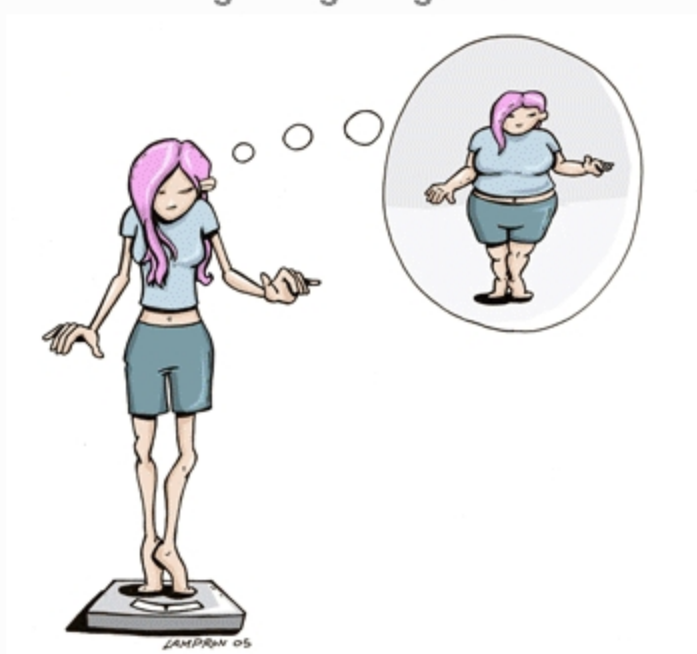
2.What is the cause of amenorrhea in this case?

3.what are the investigations to be done in a case with 2ry amenorrhea ?

Answers:

1.Anorexia nervosa

" a psychological eating disorder characterized by an obsessive fear of gaining weight "



2.Functional hypothalamic hypogonadism

" Rapid weight loss below 20% of the ideal body weight "

3.- Hormonal assay

" B- hCG, PL, Thyroid function tests , Pitutary gonadotrophines , Serum E2 , progesterone & androgen "

- Pelvic US

- Karyotyping

- Autoimmune screen

- CT/MRI scanning



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

VIP Member



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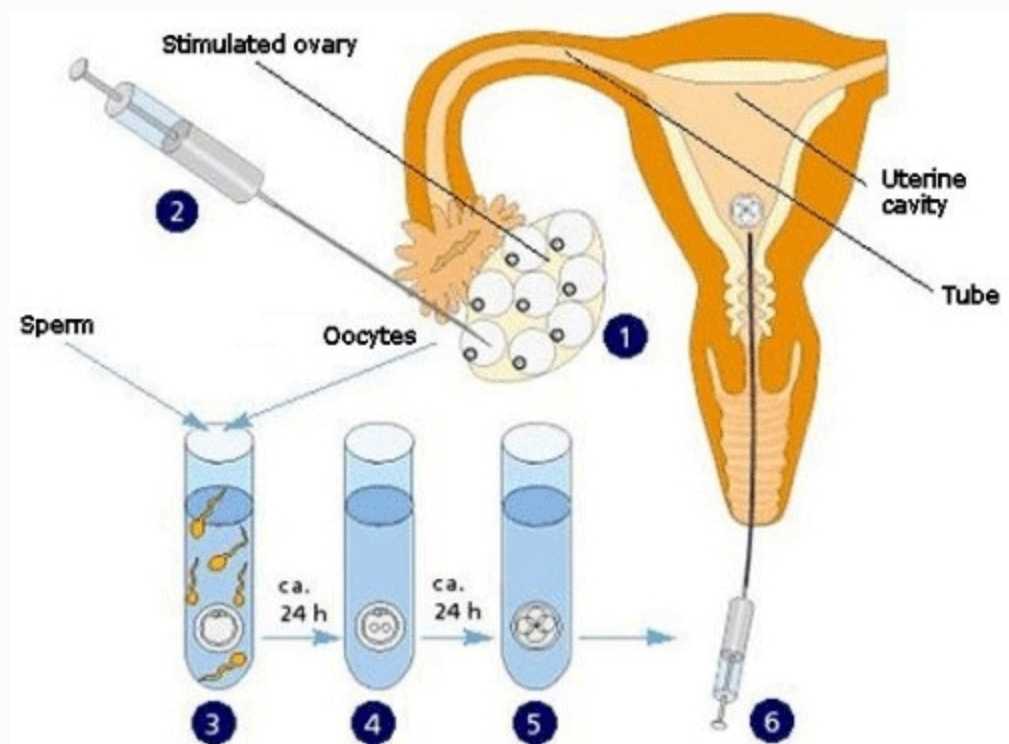
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432 posts

35 topics

Year: Fifth

Gender: Male



- 1.What is this procedure ?
- 2.Mention its indications .
- 3.Mention its complications.

Answers:

1.IVF

2. - **Female factor "** Severe tubal damage , Extensive tubo-peritoneal adhesions & Failed tuboplasty procedures "

- **Mild Male factor**

- **Unexplained infertility**

3.- **Allergic reations to ovulation induction agents**

- **OHSS "Ovarian hyperstimulation syndrome"with its complications**

- **Trauma due to oocyte retrieval.**

- **Pelvic infections**

- **Complication of ART pregnancies**



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

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432 posts

35 topics

Year: Fifth

Gender: Male



1-what is the stage of labor?

2-what is the presentation of the fetus?

3-what is the part being delivered now?

4-what is the complications from overstretch of the neck?

Answers:

1.Second stage of labour

2.cephalic presentation

3.shoulders

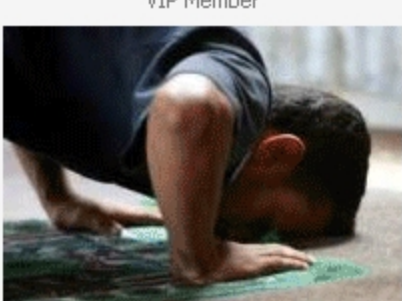
4.Obstetrical (Neonatal) Brachial Plexus Injury



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)

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Year: Fifth

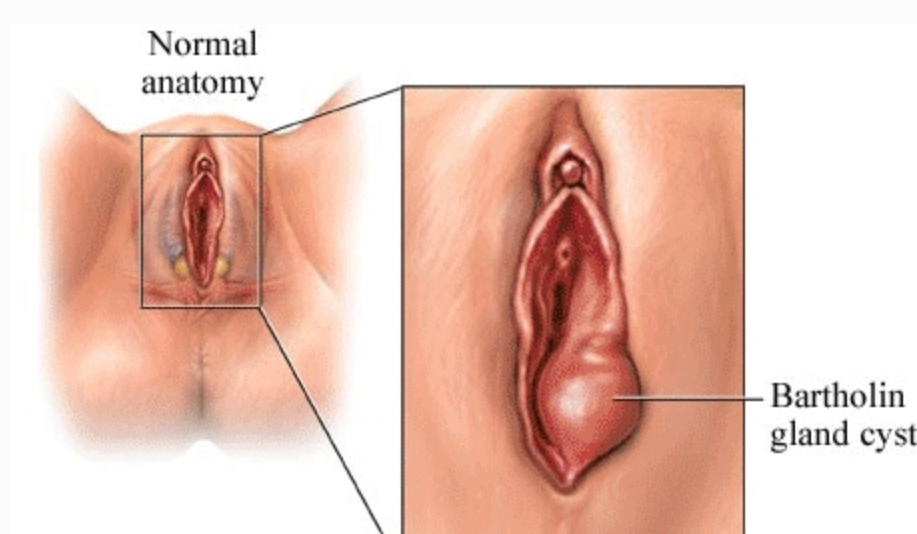
Gender: Male



1. Identify this swelling .
2. What is the pathology of this swelling .
3. What are the complications ?
4. What is the most common treatment ?

Answer:

1. Bartholin's duct cyst >> if infected : Bartholin's abscess.
" N.B. : It is actually a cyst of the duct and not of the gland "



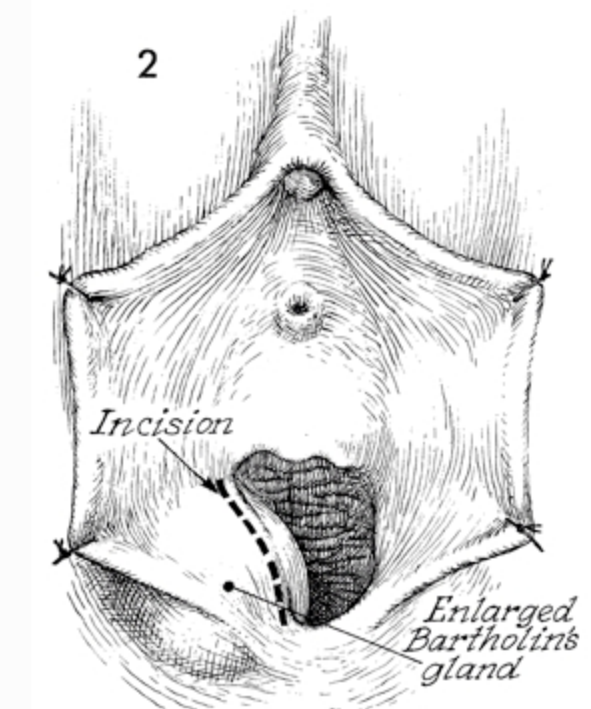
2. It is caused by obstruction of the duct of Bartholin's gland leading to accumulation of mucoid secretions " it is lined by transitional epithelium ".

3. Secondary infection leading to a painful Bartholin's abscess , which is tender, tense ,surrounded by vulvar redness , swelling and edema .

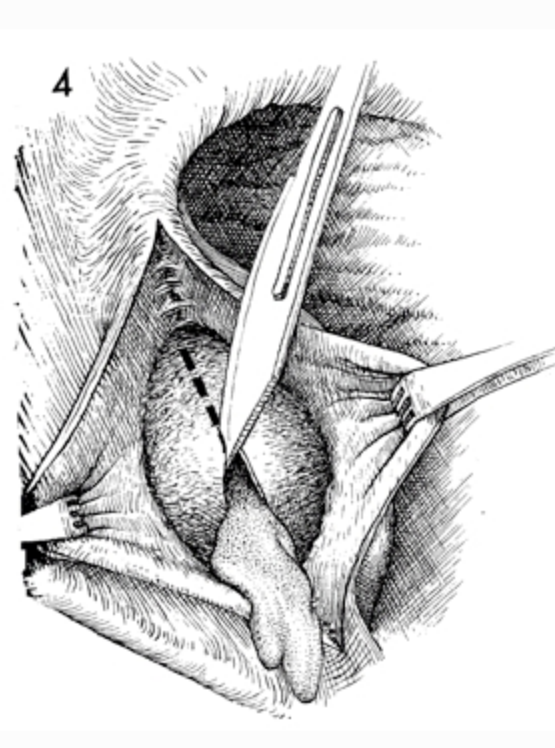
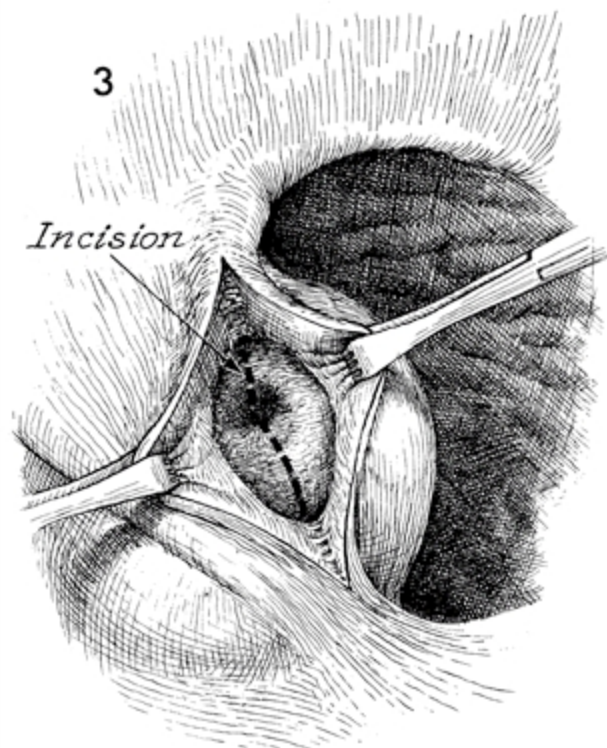
4. Marsupialization to create a new opening between the duct wall and the skin .



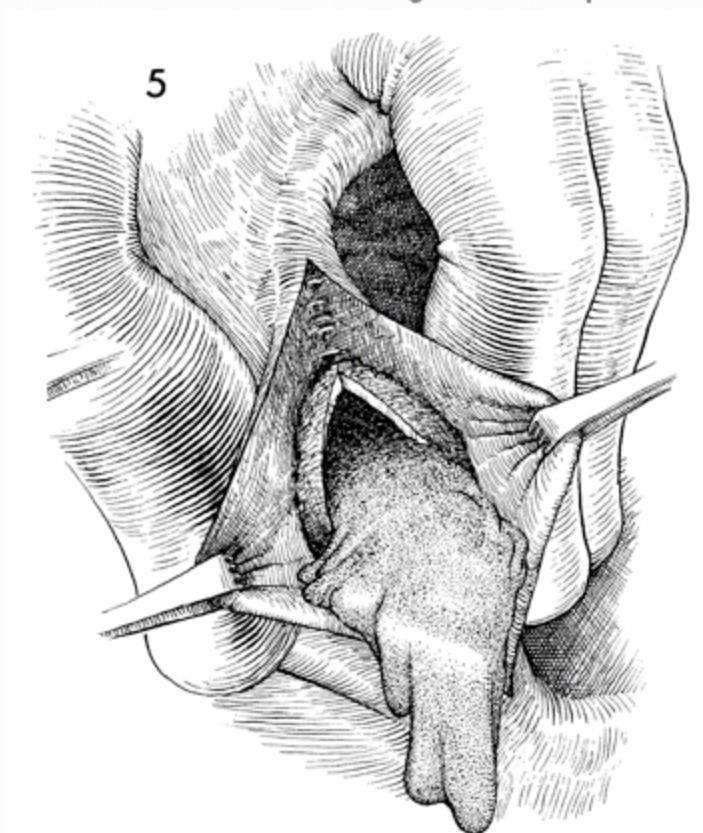
A thorough bimanual examination should be performed to determine the extent of the abscess.



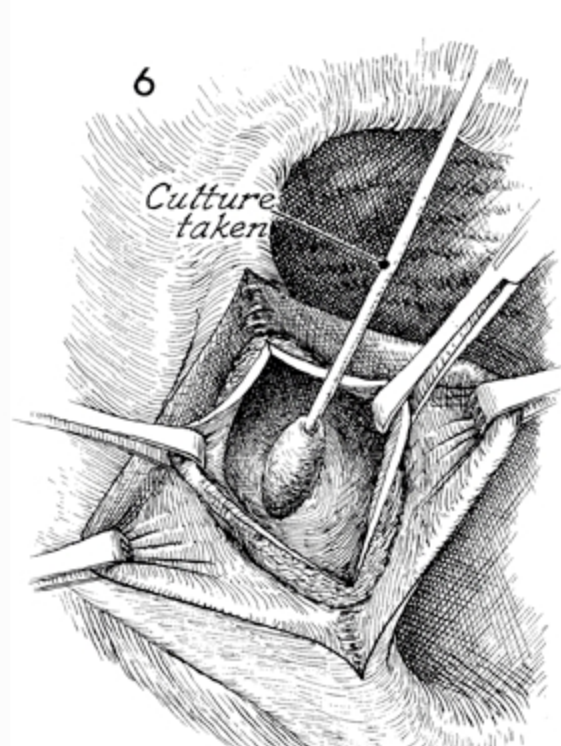
The labia are retracted with interrupted 3-0 sutures, and the introitus of the vagina is exposed. An incision is made over the mucosa of the vagina at its junction with the introitus down to the wall of the gland.



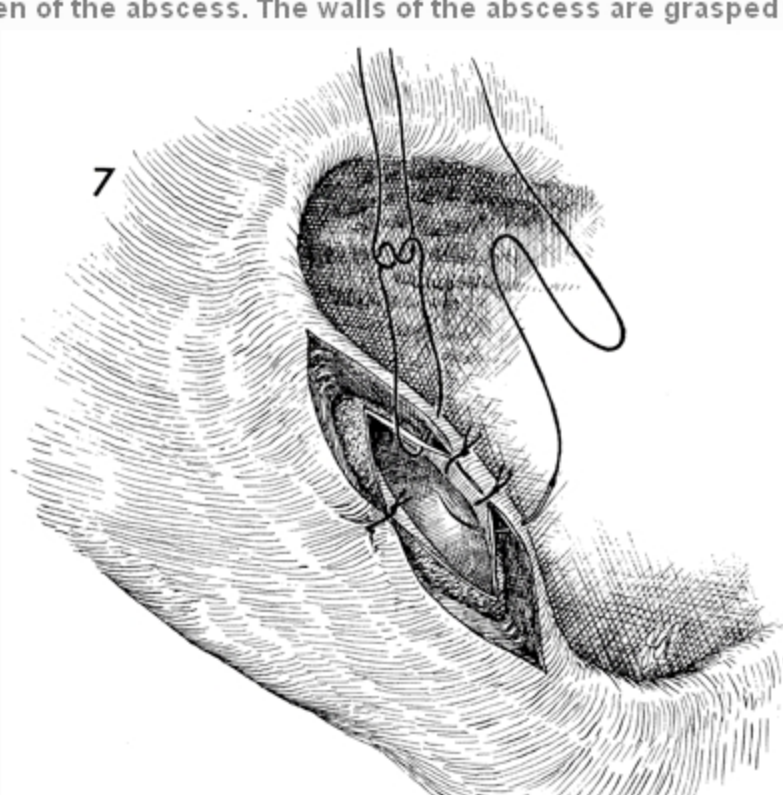
The wall of the gland is incised. The entire length of the superficial incision is shown.



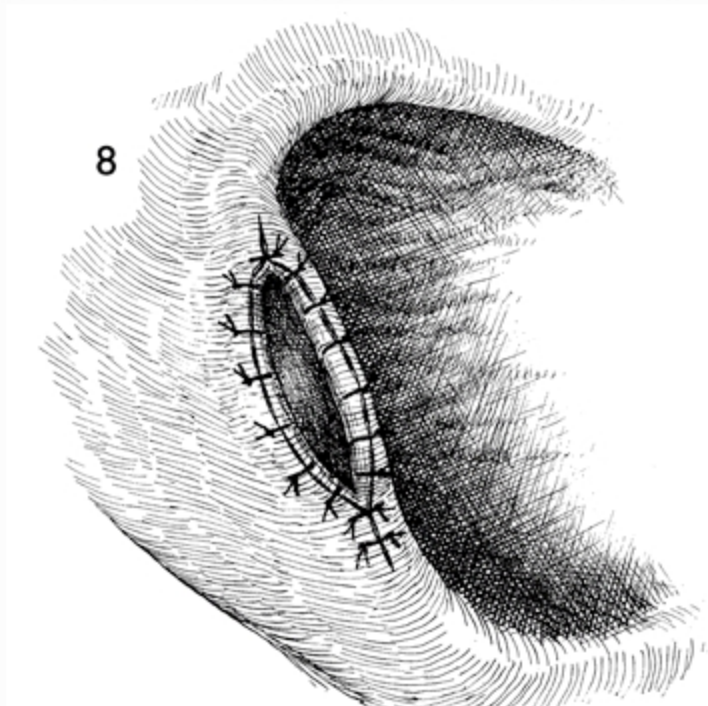
The contents of the abscess are evacuated.



A culture is taken of the abscess. The walls of the abscess are grasped with Allis clamps.



The wall of the abscess is sutured with interrupted 3-0 synthetic absorbable suture to the skin of the introitus laterally and to the vaginal mucosa medially.

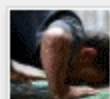


The marsupialization is complete. Generally, no packing or drain is necessary. The patient is placed on a regimen of hot sitz baths on the second postoperative day. A laxative and stool softener are given on the third postoperative day. Antibiotic therapy should be directed by the results of the culture. Sexual intercourse can usually be resumed in 4 weeks.



" إِنَّهُ مِنْ يَشَقُّ وَيَصْبِرُ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)



Gyna & Obst slides revision

Started by Dr. Islam, Dec 23 2011 04:49 PM

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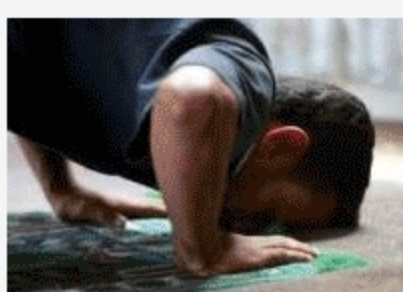
40 replies to this topic

• **Dr. Islam**

Posted 15 January 2012 - 07:17 AM

#41

VIP Member



Root Admin

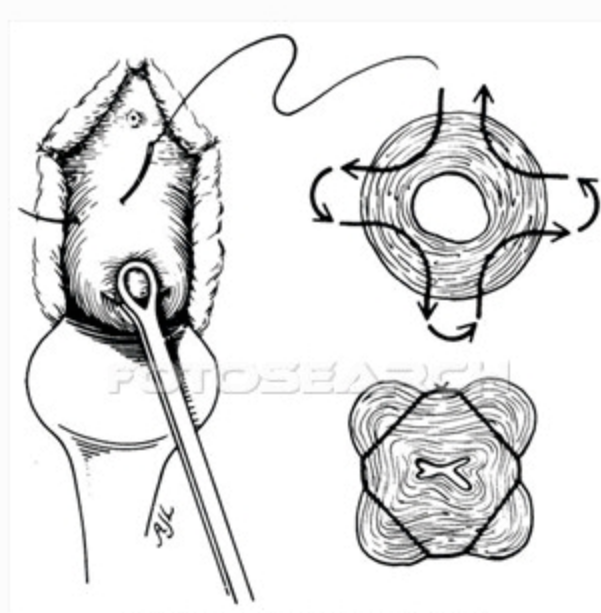
Root Admin

432 posts

35 topics

Year: Fifth

Gender: Male



cog05001 www.fotosearch.com

1. Identify this procedure .

2. What is its use ?

Answers:

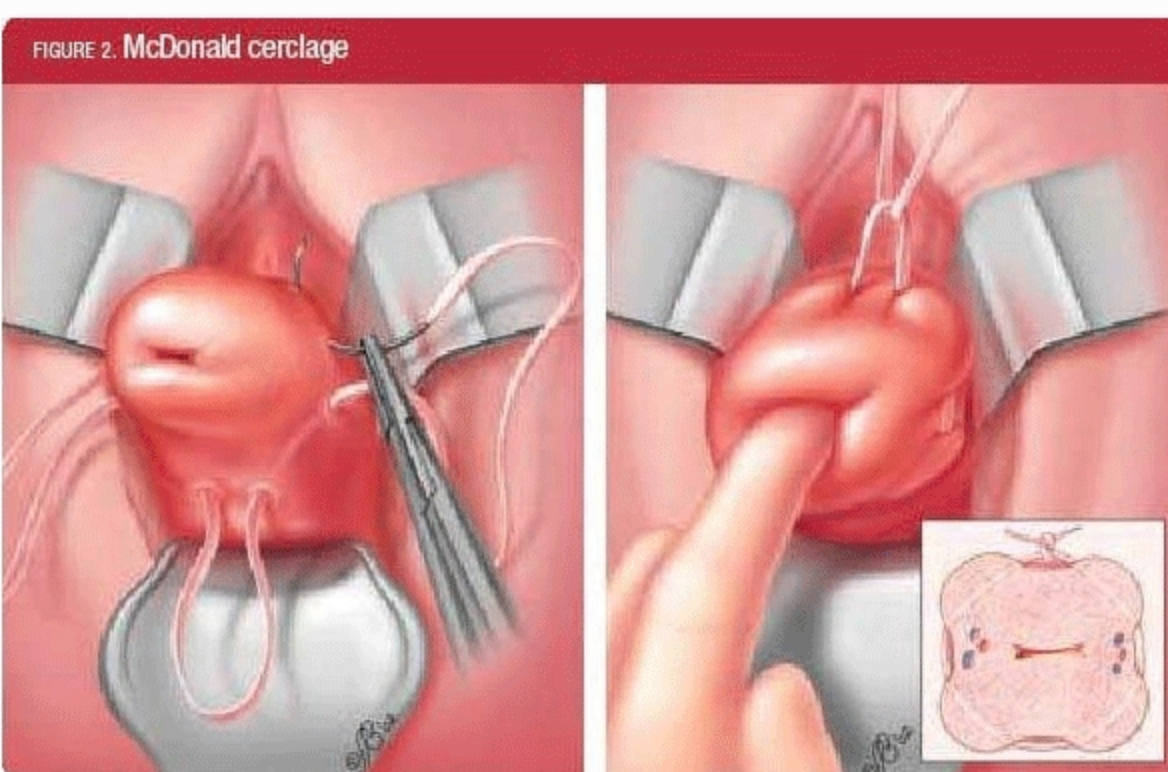
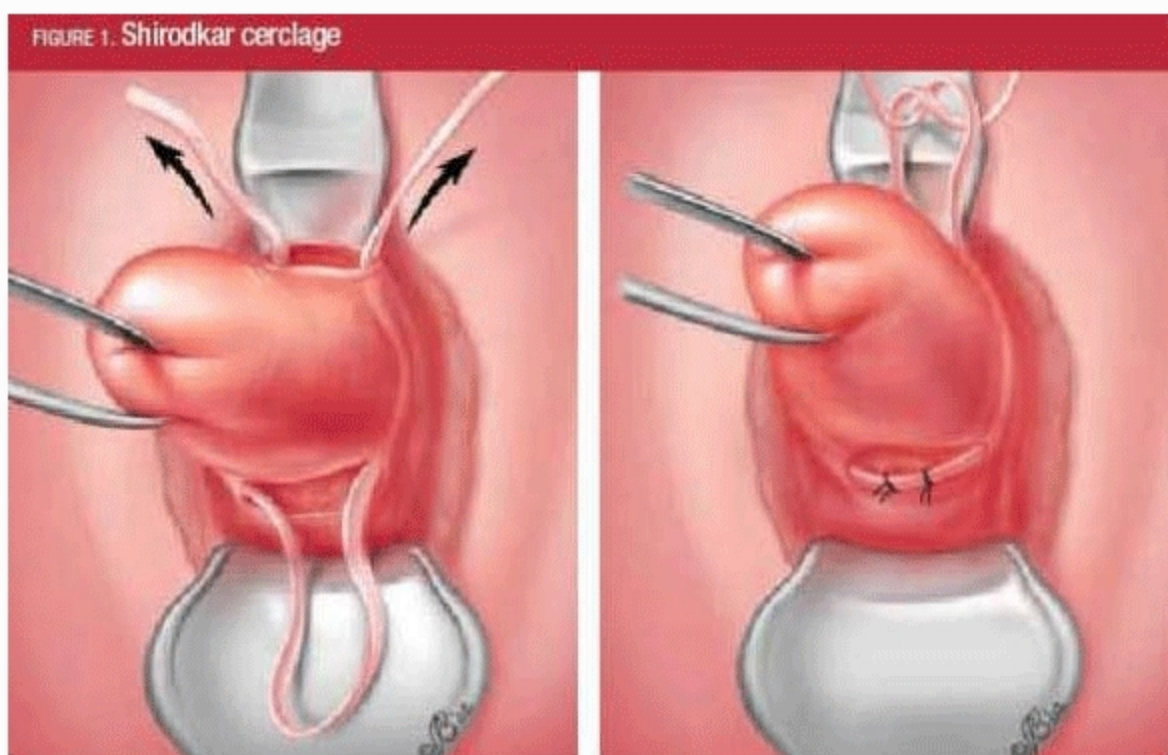
1. McDonald's cerclage.

2. It is the most successful treatment of cervical incompetence (incompetent isthmus) during pregnancy .

- Timing of procedure >> at 12-14 weeks to exclude 1st trimesteric spontaneous abortions associated with fetal chromosomal abnormalities .

- The suture is removed >> at 37 weeks or at onset of labour pains at any gestational age

Shirodkar versus McDonald's Cerclage



" إِنَّهُ مَنْ يَتَّقِ وَيَصْبِرْ فَإِنَّ اللَّهَ لَا يُضِيعُ أَجْرَ الْمُحْسِنِينَ "

(يوسف: الآية 90)